



## SERVICE ACCOUNT INFORMATION Residential / Builders (Only Residential account)

Name of Account Holder:		
Primary Phone:	Alternate Phone:	
□ Work □ Cell □ Home	□ Work □ Cell □ Home	
Toward Additional		
E-mail Address:		
Billing Address (only):	Best Contact Person: (Phone, Name & E-mail)	
SSN:	Business ID #:	
Number of Meters:	Name of Subdivision (if applicable):	
Are you within the city limits? $\square$ Yes $\square$ No	If yes, which city?	
	INT INFORMATION	
Commerci	al Use Only	
Name of Account Holder:		
Primary Phone:	Alternate Phone:	
□ Work □ Cell □ Home	Work □ Cell □ Home	
□ WOLK □ Cell □ Hollie	Work   Cell   Home	
E-mail Address:		
Billing Address (only):	Best Contact Person: (Phone, Name & E-mail)	
Tax ID / EIN #:	Number of Meters:	
Are you within the city limits? ☐ Yes ☐ No	If yes, which city?	
Are you within the city infines:   1es   100	ii yoo, wiion oity :	
By signing, the customer agrees that any information listed in the above application is correct and that he or she has received		
the "Location for Water Services" form.		
Customer Signature:	Date:	
OFFICE USE ONLY		
Type of Service: ☐ Water/Sever ☐ Water Only ☐ Commercial ☐ Industrial ☐ Government ☐ Hotel/Motel ☐ Multi-Family		
Is a 1" meter with fire protection required? ☐ Yes ☐ No		
Square Footage: Existing locator?		
For Sewer Deduct: Will the facility be producing any processed wastewater from manufacturing? ☐ Yes ☐ No		
Will the facility request a sewer deduction due to the use of water in their product or in cooling towers, boilers, etc.? ☐ Yes ☐ No		
If yes to either sewer deduct questions, contact Environmental Compliance 770-478-7496 ext. 217 or 205		

## SERVICE LOCATIONS

Type/write the **ADDRESS AND LOT NUMBER** details for each location below: **Meter Quote #**\_\_\_\_\_

1	12	
2	13	
3	14	
4	15	
5	16	
6	17	
7	18	
8	19	
9	20	
10	21	
11	22	