

# APPLICATION FOR WATER SERVICE

MEMBER NAME (Mr., Mrs., Ms.) \_\_\_\_\_

SPOUSE \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

MAILING ADDRESS (if different) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PH# \_\_\_\_\_ CELL PH# \_\_\_\_\_

EMAIL: \_\_\_\_\_

## PARTY RESPONSIBLE FOR BILL

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

HOME PH# \_\_\_\_\_ CELL PH# \_\_\_\_\_ DL# \_\_\_\_\_

EMAIL: \_\_\_\_\_

## TYPE OF SERVICE

RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_

## USER OF SAND HILL MT. OLIVE WATER SERVICES

\_\_\_ Yes \_\_\_ No User agrees to sign water user agreement?

\_\_\_ Yes \_\_\_ No User understands water rate charge?

\_\_\_ Yes \_\_\_ No User understands payment method?

\_\_\_ Yes \_\_\_ No User understands reconnect charge?

\_\_\_ Yes \_\_\_ No User understands water connection to system's line to be performed by SHMO Water

\_\_\_ Yes \_\_\_ No Existing service available? *(to be completed by operations manager)*

\_\_\_ Yes \_\_\_ No Road bore necessary? *(to be completed by operations manager)*

\_\_\_ Yes \_\_\_ No State highway? *(to be completed by operations manager)*

\_\_\_ Yes \_\_\_ No Parish road? *(to be completed by operations manager)*

I authorize SHMO Water System to verify the information provided on this form and further agree to the following terms of the attached "SHMO Water System Users Agreement".

MEMBER SIGNATURE: \_\_\_\_\_