

Approved by PC_____ Approved by Board_____
Entered in Computer_____ By_____ Paid_____

Town of Bell Buckle Water/Wastewater Applicant Information

Date_____

Name_____ Account #_____

Address of Property_____

Mailing Address_____

Telephone # H_____ W_____ C_____

E-mail address_____ DLN*_____ SSN_____

New Tap_____ New Service_____ Chlorine Res_____

Owner_____ Renter_____ (if renter-please name owner) Owner_____

*If new install, please mark location with stake where meter is wanted within 10' of either side of driveway. This location is subject to approval of the superintendent. I agree to install a cutoff before the first point of use on my line.

Comments_____

If installation costs of my water and/or sewer tap is greater than the initial fee, I agree to pay the difference. I understand that this Connection Fee is non-refundable or transferable.

I fully understand that failure to pay water bill will result in the account being turned over to collection after 90 days with an additional collection fee charge and a 10% monthly fee on unpaid balances.

*Attached is copy of DL

Customer Signature_____ Date_____

