

# TOWN OF BELL BUCKLE

## Water/wastewater customer information

We are updating our records. Please fill out both sections and provide your Drivers License

DATE \_\_\_\_\_

Name \_\_\_\_\_

Address of Property \_\_\_\_\_

Mailing address if different from above \_\_\_\_\_

Telephone#H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Email \_\_\_\_\_

DLN \_\_\_\_\_ SS \_\_\_\_\_

PLEASE READ AND SIGN THE FOLLOWING:

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.

Signed \_\_\_\_\_

Signed \_\_\_\_\_