

## Town of Bell Buckle Water/Wastewater Applicant Information

Date \_\_\_\_\_ Account Number \_\_\_\_\_ CHL Res \_\_\_\_\_

	<b>Name:</b>	<b>Spouse:</b>
Property Address		
Mailing Address		
Previous Address & How long there?		
Have you ever had an account with us?		
Home Phone		
Cell Phone		
Email Address		
DLN		
SSN		
DOB		
Employer & phone #		

Owner \_\_\_\_\_ Renter \_\_\_\_\_ (if renter- name of owner) \_\_\_\_\_

\*If new tap/meter, customer must agree to install a cutoff before the first point of use on their line. Please mark location with stake where meter is wanted within 10' of either side of driveway. This location is subject to approval of the water superintendent. If the installation costs of water and/or sewer tap is greater than the initial fee, customer agrees to pay the amount of the difference.

By signing below :

1. You understand that the Service Application Fee is nonrefundable and non-transferable
2. You 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 & a 10% monthly fee on unpaid balance
3. You consent to the Town of Bell Buckle obtaining a credit check in order to determine the appropriate deposit to be made. The credit score shall be provided upon reasonable request.
4. Reasonable accommodations will be made for any handicapped customers for entry into the Town Hall of Bell Buckle. The Town Hall may be contacted for any special handicapped accommodation requests.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: CCR \_\_\_\_\_ SAF \_\_\_\_\_ Paid \_\_\_\_\_

Entered in Computer \_\_\_\_\_ Meter Reading \_\_\_\_\_ ACH \_\_\_\_\_