

CITY OF BROWNSBORO WATER APPLICATION

A deposit of \$180.00 is due at time of application.

DATE: _____ SERVICE BEGIN DATE: _____

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

SPOUSE: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE # _____

LAST 4 DIGITS OF SOCIAL SECURITY # _____

PHONE NUMBER (CELL): _____ WORK: _____

EMAIL: _____

PLACE OF EMPLOYMENT: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PHONE NUMBER: _____

Garbage is included in billing each month. I need ____ trash receptacles.

I wish to be added to the emergency alert recipient list: Yes__ No__

Bills are mailed on the first business day of each month and due on or before the 15th of month, a late fee will be assessed on the 16th and service disconnected on the 26th.

Payment arrangements may be made before the 16th if needed.

I understand accounts over 60 days will be turned over to a collection agency.

____ (initials)

I do ___/do not ___ wish to add \$1.00 to my water bill each month as donation to the Keep Brownsboro Beautiful organization.

Signature