

## 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 15<sup>th</sup> of month, a late fee will be assessed on the 16<sup>th</sup> and service disconnected on the 26<sup>th</sup>.

Payment arrangements may be made before the 16<sup>th</sup> 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