TOWN OF TEACHEY WATER UTILITY APPLICATION

WATER UTILITY APPLICATI	
	SEQ.#: READ:
	METER#:
Customer/Business Name:	
Service Address:	
Business Owner's Name:	
Customer's Mailing Address:	
Phone #'s (Home/Cell):Work	
Customer's Previous Address:	
OwnRentLandlord's Name:	
Landlord's Address:	
Employer (Name and Address):	
Driver's License#:Fed. Ta	x ID#:SS#:
Name of relative not living with you:	
Address:	Phone #:
Please read carefully and sign below:	
bills are mailed on the first of each month. We received a bill by mail, it is your responsibility are Monday – Friday from 8:00 AM until 5:00 our night drop box located beside the front doo A \$10.00 late fee will be charged if not paid by	ows: \$75.00 in town and \$150.00 out of town. All are not responsible for the mail. If you have not to call us for the amount owed. Our office hours PM. You can pay your bill after hours by using r. the 10 th . If funds are not in our office on the 20 th ervice will be disconnected, and a \$50.00 fee will
I have read and understand the foregoing town	policy.
Signature:	Date:

ROUTE#____