

VACANT PREMISES APPLICATION
RESIDENTIAL LOTS ONLY

DATE: _____

WATER SEWER

ACCOUNT : _____ METER # _____

SERVICE ADDRESS: _____

APPLICANT: _____

MAILING ADDRESS: _____ (CITY, STATE, ZIP) _____

REASON FOR VACANCY _____

BEGINNING DATE _____

METER READ

(FOR MONTH OF)

CURRENT AMT DUE _____

DISCONNECT FEE \$25.00

TOTAL AMOUNT DUE _____

I, _____, understand that if the vacancy is less than 120 days, I will be responsible for all charges that would have accrued during the vacant period, as well as the reconnect fee, which will be immediately due and payable before recommencement of services.

(PRINT NAME)

APPLICANT SIGNATURE

Official use only

BILLING SUSPENDED BEGINNING DATE _____

CLERK VERIFICATION _____ (BILLING SUSPENDED) RECEIPT # _____

BILLING REINSTATED ENDING DATE: _____

RECONNECT FEE: \$25.00 (BILLING REINSTATED) RECEIPT # _____

CLERK VERIFICATION _____