

CONSUMER		PROPERTY OWNER		METER NUMBER	
NAME _____		NAME _____		_____	
ADDRESS _____		ADDRESS _____		_____	
_____		_____		_____	
				ACCOUNT NUMBER	

DATE WATER TURNED		REMARKS		ARREARS	
ON	OFF			AMOUNT	DATE PAID

THE UNDERSIGNED HEREBY REQUESTS THAT WATER SERVICE AT THE LOCATION SHOWN IN THE APPLICATION ON THE REVERSE SIDE OF THIS CARD
 BE DISCONTINUED ON _____

DATE _____ SIGNATURE _____

FORM 1049 REVISED

APPLICATION AND AGREEMENT FOR WATER SERVICE

The undersigned hereby makes application to the City of Park Hills Water Department for a supply of water
 X at _____ City A Lot _____ Block _____ Sheet _____ No. of
 residents or employees _____ Residential _____ Commercial _____ Industrial _____ Size _____
 The probable maximum amount of water to be used per month _____ Remarks: _____

Upon approval of this application and in consideration of water furnished in accordance therewith, the undersigned agrees to pay for the water supplied at the rates now in force, or which may be established hereafter by ordinance by the City Council of the City of Park Hills.

The undersigned further agrees that such water supply shall be subject to the rules and regulations now in force, or which may be established hereafter by ordinance by the City Council of the City Park Hills and the undersigned agrees to abide by and to comply with said rules and regulations.

The undersigned further agrees that this agreement shall remain in force until written notice is given to the City Water Department by the undersigned that the supply of water is no longer desired or until service is terminated in accordance with the rules and regulations now in force, or which may be established hereafter by ordinance by the City Council of the City of Park Hills.

X Dated this _____ day of _____, 20____ Deposit Amount \$ _____

APPLICANT SIGN HERE IF APPLICATION IS FOR
CONTINUING WATER SERVICE.

APPLICANT SIGN HERE IF APPLICATION IS FOR
NEW SERVICE CONNECTION.

X SIGN & PRINT _____ APPLICATION/OWNER HEREBY CERTIFIES ALL PLUMBING MATERIALS SHALL BE LEAD FREE

X ADDRESS FOR BILLING _____

X SOCIAL SECURITY NO. or TAX ID NO. _____ PHONE NO. X _____