

**MALLORY VALLEY UTILITY DISTRICT - APPLICATION FOR WATER SERVICE**

**A NON-REFUNDABLE Connection Fee is payable in the amount of \$25.00 (Residential) or \$40.00 (Commercial) PER METER when service is requested.**

**\*\* ITEMS THAT HAVE A DOUBLE ASTRICK ARE NECESSARY WHEN COMPLETEING THE APPLICATION \*\***

\*\* Date for service to begin \_\_\_\_\_

\*\* Customer Name: \_\_\_\_\_  
\_\_\_\_\_

**SERVICE ADDRESS**

\*\*Address: \_\_\_\_\_

\*\* City: \_\_\_\_\_ State: \_\_\_\_\_ \*\* Zip Code: \_\_\_\_\_

\*\* Home Phone Number: \_\_\_\_\_

\*\* Work Phone Number: \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

\*\* Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

\*\* Social Security or Federal ID Number: \_\_\_\_\_

Email Address \_\_\_\_\_

**NEW CONSTRUCTION ONLY**

LOT # \_\_\_\_\_

NAME OF SUBDIVISION \_\_\_\_\_

**MAILING ADDRESS IF DIFFERENT FROM SERVICE ADDRESS:**

**(IF APPLICABLE)**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* I hereby agree to purchase water from the Mallory Valley Utility Dist. subject to the conditions of the Water Supply Contract.

\* I acknowledge that failure to receive a bill will not release me from payment obligation or possible penalties.

\* This application must be completed in full before service will begin.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGN AND DATE HERE**

**CITY OF FRANKLIN - APPLICATION FOR SEWER**

I hereby request the provision of sewer service from the City of Franklin. I agree to pay all indebtedness for services rendered. Furthermore, in the event of a past due account, I shall pay reasonable expenses of collection, including court costs, legal and attorney fees, and all other costs.

I further agree and authorize Mallory Valley Utility District, or it's agent's, to enforce all provisions of this contract. I specifically authorize Mallory Valley Utility District or it's agents to collect late payment charges, disconnect and reconnection charges, and further authorize them to terminate my sewer service for failure to abide by the terms of this agreement. I recognize them as the lawful agents for the City of Franklin in the enforcement of this agreement.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SIGN AND DATE HERE**

**Do you rent or own?**  **If renting, please list the Owner's name:** \_\_\_\_\_  
**Owner's phone number:** \_\_\_\_\_

**IF YOU ARE A PROPERTY OWNER & THIS IS A RENTAL PROPERTY, WE CAN KEEP THIS CONTRACT ON FILE FOR FUTURE USE. IF YOU WOULD LIKE FOR US TO KEEP THIS CONTRACT ON FILE, MARK & INITIAL HERE.**

<b>CHECK HERE</b>	<b>INITIAL</b>
<input type="checkbox"/>	<input type="checkbox"/>