



5 N. GARDEN AVENUE * P.O. BOX 99 * ROCK ISLAND, WA 98850
(509) 884-1261 * Fax (509) 886-0569*

APPLICATION FOR WATER/SEWER SERVICE

NAME _____ PHONE _____

SPOUSE'S NAME _____

METER ADDRESS _____

MAILING ADDRESS _____

NAME OF PROPERTY OWNER _____

ADDRESS _____

_____ PHONE _____

The property owner will be billed for water unless an authorization to transfer billing is signed.

I understand that I will be billed on the first of each month for charges incurred for water usage and/or sewer charges and a \$7.50 late fee will be charged if payment is not received by City Hall on the last business day of each month.

I understand that a \$100.00 Security Deposit is due at time of application _____

SIGNATURE _____ DATE _____

PREVIOUS ACCOUNT # _____ OCCUPANCY DATE _____

1ST BILLING DATE _____ NEW ACCOUNT # _____