WATER AND WASTEWATER BOARD OF THE CITY OF MADISON RESIDENTIAL APPLICATION FOR WATER AND SEWER SERVICE

APPLICATION DATE: _____ ACCOUNT NO: _____

LOC ID: _____

SERVICE LOCATION: _____

BUSINESS NAME: _____ PHONE NO: _____

MAIL ADDRESS (IF DIFFERENT FROM SERVICE LOCATION)_____

OWNER: _____/_____
NAME ADDRESS PHONE

MANAGER: _____

FEES PAID: _____

NO. OF DRAINS: _____LAWN SPRINKLERS:_____ FIRE PROTECTION SPRINKLER _____

WATER IMPACT: _____SEWER IMPACT_____WATER TAP_____METER SET_____

DATE REQUEST SERVICE START: _____STAND PIPE _____ NEW SERVICE FEE _____

COMMENTS:_____

DEPOSIT_____

DEPOSIT IS SECURITY FOR PAYMENT OF BILL FOR SERVICES RENDERED AND WILL BE REFUNDED AFTER SERVICES HAVE BEEN DISCONTINUED, LESS ANY UNPAID BALANCE.

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