

Meter Deposit	_____	Homeowner\$75	Renter\$125
Meter Tap\$	_____		
Turn On Fee\$25	_____		
<b>TOTAL DUES</b>	_____		
Ck#	Cash	Money Order	

## Clark County Country Water Facilities Customer Application

Name: \_\_\_\_\_ SSN/DL: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Other : \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Date to move in: \_\_\_\_\_ No. Of occupants: \_\_\_\_\_

Names of occupants over age 18: \_\_\_\_\_

Have you been a customer here before? \_\_\_\_yes \_\_\_\_no

If YES: Name on account: \_\_\_\_\_

Service address: \_\_\_\_\_

Name of last water provider: \_\_\_\_\_

*\*I hereby agree to maintain my account in a current status at all times. I understand that failure to pay balance due by the 15<sup>th</sup> of the month will result in termination of service. I understand that I must give this office a 30 day notice before moving or face forfeiture of deposit. I understand that I am responsible for the replacement cost for any damaged or destroyed metering equipment at the above service address.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE

Account # \_\_\_\_\_ MXU# \_\_\_\_\_

Route# \_\_\_\_\_ Latitude \_\_\_\_\_

Reg ID# \_\_\_\_\_ Longitude \_\_\_\_\_

Seq# \_\_\_\_\_ Brass# \_\_\_\_\_

Last Mtr Rdg \_\_\_\_\_

Previous Customer \_\_\_\_\_ Acct# \_\_\_\_\_

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