

Clark County Country Water Facilities Customer Application

Meter Deposit
___ Homeowner\$75 ___ Renter\$125
___ Meter Tap\$ ___
___ Turn On Fee\$25
TOTAL DUES ___
Ck# Cash Money Order

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 15th 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: _____