

**APPLICATION FOR WATER SERVICE**

NAME OF APPLICANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

GRANDVIEW ADDRESS: \_\_\_\_\_

HOME/CELL PHONE #: \_\_\_\_\_

SERVICE DESIRED FOR \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ BUSINESS

EMPLOYER OF APPLICANT: \_\_\_\_\_

ADDRESS AND PHONE #: \_\_\_\_\_

WHERE BILLS SHOULD BE SENT: \_\_\_\_\_

(If different than service address) \_\_\_\_\_

IS THIS A RENTAL PROPERTY (CIRCLE ONE): YES NO IF SO, WHO IS THE LANDLORD?

NAME & ADDRESS & PHONE #: \_\_\_\_\_

**DEPOSIT AND PAYMENT AGREEMENT:**

The Village of Grandview is required to comply with various ordinances concerning the Village Water System. In accordance with such ordinances, a deposit for water service is required by all customers. The deposit covers any outstanding bills I would have if I should move. The deposit would be applied to any outstanding bill and the rest (if any) would be sent to me at the address provided when a final read was requested. In accordance with Village ordinances, I (The Applicant) understand:

- If I am the legal owner of the property I understand a **\$125 deposit** is required for water service (proof of ownership may be required).
- If I am **not the owner** of the property I understand that a **\$250 deposit** is required for water service.
- If my landlord agrees, at his own discretion, to sign this application as a character witness, I understand that my deposit can be reduced to **\$125 deposit**.
- I am responsible for all bills sent to me and understand that all bills are to be paid before the first working day of the next month. I am responsible to ensure any electronic payments are made on time.
- If not paid a disconnect notice will be sent and I will have **10 working days** to pay the **full balance owed, including any late charges**, or my water services will be disconnected,
- Once disconnected there is a reconnection fee of \$50 during working hours or \$100 during non working hours.

\_\_\_\_\_  
Applicant Signature/Date

\_\_\_\_\_  
Signature of Landlord/Date

.....  
CUSTOMER: \_\_\_\_\_ DATE: \_\_\_\_\_  
METER READING: \_\_\_\_\_ BOOK# \_\_\_\_\_ SEQ \_\_\_\_\_