

CITY OF MOLENA APPLICATION FOR WATER SERVICE

Items with ** required.

Account# 00000

Name of Applicant** _____

Service Address (Residence)** _____

Mailing Address (if different) _____

Best phone number and type** _____

email _____

Refundable Deposit Paid i/a/o \$ 50.00

\$25 Nonrefundable Deposit Paid \$ 25.00

\$ 75.00

Payment method Cash | Check# _____

Card# _____ Exp. ____/____ CVV _____

Date when water service should be connected _____

Person requesting service _____

Initial

By signing, I am requesting water service from the City of Molena. I understand that all outstanding balances as of the 15th of the month may result in immediate cessation of services as early as the 16th of the month without notice. I may request a workout agreement if I have difficulty paying my bill at any time, however, City of Molena is under no obligation to agree to such an arrangement. If an arrangement is made, no grace period will be given on missed agreement payments without prior contact between me and City of Molena.

Signature** _____

If completing electronically, please type name in box.

*Below this line for administrative use only

Date meter connected _____

Meter Reading (completed by City)

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Must attach a copy of picture ID