



Mt. Washington Water Service Form

Customer Name(s): _____

Phone Number: _____

Effective Service Start Date: _____

Email: _____

Previous Address: _____

Service Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

☐ Own: ☐ Residential ☐ Rental ☐ Commercial

☐ Rent: (Signed Lease Required)

By signing below, you acknowledge that the city of Mt. Washington Water and Sewer Company reserves the right to provide notice to the property owner / landlord in the event this account becomes delinquent.

x _____

How would you like to be contacted?

☐ Cell ☐ Text ☐ Home phone ☐ Email

Would you like to be set up for automatic bill withdrawal?

☐ Yes ☐ No

Please note we will need a copy of your driver's license and completed declaration of domicile form (if necessary) in order to process your service work order. We will notify you once we have set up the account to go over account information and collect the required \$200 security deposit