

Application for Water Service at Rural Water District #8
This Institution is an Equal Opportunity Provider and Employer

Please Print

Circle One: Member or Renter

Date _____

Name _____

Service Address _____

Mailing Address _____

Telephone _____

Work/Cell _____

Work/Cell _____

E-mail address _____@_____

Receive monthly stmt by e-mail? _____yes _____no

Contact name of someone not living with you _____

Telephone _____

I am requesting service at:

Addition _____ Block# _____ Lot# _____

I agree to remit payment for water service upon the receipt of each monthly statement. I understand I am responsible for the water payment whether I receive the monthly statement or not. I understand failure to remit payment will risk the discontinuation of water service.

I understand this water application is for one water meter which services one residence or business as described in the By-Laws of RWD#8.

I have been given a copy of the By-Laws of RWD#8.

Signature

Date

Office Use Only

BU # _____

Date of Installation _____

Circle One: Transfer or New Benefit Unit

Customer Service Representative Signature