SOUTHERN MADISON WATER DISTRICT 207 N. DOGWOOD DRIVE P.O. BOX 220

BEREA, KENTUCKY 40403

PHONE: 859-986-9031 • FAX: 859-986-1794

E-MAIL: smwdwater207@gmail.com

APPLICATION FOR WATER SERVICE

FOR OFFICE USE OF ACCOUNT NO.:	NLY				
NAME:			COMMERC	IAL DOMESTIC D	
SOCIAL SECU	RITY #:				
EMAIL:					
DATE OF BIRTH:		TELEPHONE	NO.:		
EMPLOYMEN	Γ:				
OWNER OF PR	OPERTY:				
SERVICE ADD	RESS:				
BILLING ADD	RESS:				
			ZIP CODE:		
SPOUSE/ROOMMATE:			SOC. SEC. NO. :		
EMPLOYMEN'	T:				
EMERGENCY	TELEPHONE NO.:				
BILL TO: OWNER		ER 🗆	□ OCCUPANT □		
	DEPOSIT (\$50.00)		LATION 337.00)	ACTIVATION [(\$15.50)	
son Water Dis	Rates, Rules and Restrict and available for and copy there	or inspection an	n file in the office of the Applicant here	of the Southern Madi- reby acknowledges	
Date of Applica	ition:		SIGNATURE OF OCCUPANT		
			SIGNATURE	OF OWNER	