

# Application for Water Service

## City of Tekoa

PO Box 927, Tekoa, WA 99033

Tap No. \_\_\_\_\_ Acct No. \_\_\_\_\_ Service Start Date \_\_\_\_\_

1. Owner's Name: \_\_\_\_\_

2. Renter Name (If applicable): \_\_\_\_\_

3. Service Address: \_\_\_\_\_

4. Owner Billing Address: \_\_\_\_\_

5. Renter Billing Address: \_\_\_\_\_

6. Residential Service \_\_\_\_\_ or Commercial Service \_\_\_\_\_ (Check One)

7. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

8. Garbage Service Requested: (please circle choice) one can - monthly one can - weekly  
two cans - weekly cart - weekly other \_\_\_\_\_

9. I hereby make application to have a water service connection at the above service address, subject to the rules and regulations of the City of Tekoa. I understand that the water connection and water deposit fees (if applicable) will be paid in full prior to the water connection. **I understand that I must make a formal request to terminate this water connection.** This is done by completing the bottom section of this form. The owner will be responsible for payment of the water service until the termination request is signed.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Renter (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

### REQUEST FOR SERVICE TERMINATION

I request that the water service be terminated to the above mentioned address on:

Date \_\_\_\_\_ Signature \_\_\_\_\_