

CITY OF MORRISON
APPLICATION FOR METERED WATER SERVICE

ACCT. # _____

- 1) Service Address: _____
- 2) Requested Date of Service: _____
- 3) Name of Applicant: _____
Applicant Address: _____
Applicant Phone No.: _____
- 4) Property Owner (if other than applicant):

Owner Address: _____
Owner Phone No.: _____

FOR OFFICE USE ONLY	
Owner: _____	Renter: _____
Deposit Amount: _____	
Date of Deposit: _____	
Receipt No.: _____	
Acct. #: _____	51-00-258
Check #: _____	
Date of Refund: _____	

Note:

- 1) Deposits must be paid within one (1) week following **REQUESTED DATE OF SERVICE**. Failure to post required deposit shall be considered cause for service termination.
- 2) Deposit will be refunded, without interest, in one of the following ways:
 - a) **PROPERTY OWNERS** shall have their deposit refunded after 6 months of non-delinquent bill payments. Refund of deposit is in the form of a credit against future charges.
 - b) **RENTERS** shall have their deposits refunded upon termination of service and final settlement of water/sewer use charges.
- 3) Approval of this application shall constitute a contract between the applicant as a **CUSTOMER** and the **City** obligating the customer to pay for service as of the **REQUESTED DATE OF SERVICE**.

SIGNATURE OF APPLICANT

DATE