

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: _____	

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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**.

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SIGNATURE OF APPLICANT

DATE