

**City of Morrison**

**Application For Metered Water Service**

- 1) Service Address: \_\_\_\_\_ Account Number: \_\_\_\_\_
- 2) Requested Date of Service: \_\_\_\_\_ **For Office Use Only**
- 3) Name of Applicant \_\_\_\_\_
- 4) Applicant Address \_\_\_\_\_
- 5) Applicant Phone No. \_\_\_\_\_
- 6) Property Owner \_\_\_\_\_
- 7) Owner Address \_\_\_\_\_
- 8) Owner Phone No. \_\_\_\_\_

Owner _____	Renter _____
Deposit Amount <b><u>\$100.00</u></b>	
Date Deposit Paid _____	
Receipt Number _____	

**Note:**

- 1) **Deposits MUST be paid within one (1) week following the 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 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**