

TOWN OF MEDLEY
APPLICATION FOR WATER SERVICE

FOLIO NO. _____

DATE: _____

ACCOUNT NO. _____

NAME OF ACCOUNT: _____

COMMERCIAL:

RESIDENTIAL:

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____ PHONE: _____
FAX: _____

SIZE OF METER: _____ AMOUNT OF DEPOSIT: _____

UNIT ID #: _____ DATE PAID: _____

METER #: _____ CHECK #: _____ OR CASH

BEGINNING READING: _____ FINAL READING: _____

FOR COMMERCIAL CUSTOMERS ONLY:

NAME OF OWNER OF BUSINESS: _____

OWNER'S RESIDENCE ADDRESS: _____

RESIDENCE TELEPHONE: _____

E-MAIL ADDRESS: _____

FOR ADMINISTRATIVE USE ONLY:

DATE ENTERED IN GL & WATER BILLING: _____

DATE COPY OF APPLICATION GIVEN TO WATER DEPT: _____

PLEASE RETURN APPLICATION WITH AMOUNT OF DEPOSIT TO:

TOWN OF MEDLEY
7777 N.W. 72nd AVE
MEDLEY, FL 33166

ATTN: ELISBEL

