

APPLICATION FOR WATER SERVICE

FOLIO NO. _____ DATE: _____

NAME OF ACCOUNT: _____

COMMERCIAL OR RESIDENTIAL: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CONTACT PERSON: _____ FAX: () _____
PHONE: () _____

SIZE OF METER: _____ AMOUNT OF DEPOSIT: _____

DATE PAID: _____

ACCT NO. _____ CHECK # _____ OR CASH

FOR COMMERCIAL CUSTOMERS ONLY:

NAME OF OWNER OF BUSINESS: _____

OWNER'S RESIDENCE ADDRESS: _____

RESIDENCE TELEPHONE: _____

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
7331 N.W. 74 STREET
MEDLEY, FL 33166

ATTN: MIRIAM HUGHES