



MAGGIE VALLEY SANITARY DISTRICT

APPLICATION FOR SERVICE

Date: _____ New Meter: _____ Renter: _____ Owner: _____

New Customer Name/Billing Address: _____

Current Name/Service Address: _____

Cell: _____ Home Phone #: _____
Drivers Licenses Number: _____
SSN: _____
Email Address: _____

Requested Date of Installation: _____
Forwarding Address: _____

NEW TAP

Water: Meter Size: _____ Tap Fee: _____
Sewer: _____
Yes _____ TOMV Application Attached

DATE PAID: _____ CREDIT CARD _____ CASH _____ CHECK (#) _____

RENTAL OR LEASE

Water \$125.00 Water/Sewer \$200.00 Sewer \$100.00

DATE PAID: _____ CREDIT CARD _____ CASH _____ CHECK (#) _____

RECONNECT

Water \$200.00 _____ Water/Sewer \$400.00 _____ SMR \$500.00 _____

DATE PAID: _____ CREDIT CARD _____ CASH _____ CHECK (#) _____

I/We hereby apply for service as listed at the above address and agree to abide by the rules and regulations governing such service.

Customer Signature

Date