DATE:	TIME:		ACCT #:		
CONNERSVILLE UTILITIES WORK ORDERS FOR CONNECTS					
	PHOTO ID REQU	IRED FOR PR	IMARY BILLI	NG NAME	
ADDRESS OF SERVICE TO BE TURNED ON:					
START DATE:					
BILLING NAMES (NAMES LISTED BELOW WILL BE RESPONSIBLE FOR ALL CHARGES):					
		J		A	
LAST FIRST	MI	LAST	FIRST	MI	
TELEPHONE #:		e.			
D/L#:		•			
DATE OF BIRTH:		-g			
MAIL TO:					
IF DIFFERENT FROM SERVICE ADDRESS					
RENTING					
☐ BUYING ON CO		014/	IED DUONE #		
OWNER ADDRESS:					
CONTACT PERSON:			PHONE #:_	_	
HAVE YOU HAD SERVIO	CE BEFORE? YES_		NO		
WAIVER: Connersville Utilities will not be responsible for any damage incurred at the time of a water connect due to faulty plumbing or water valves being left open. We acknowledge this and waive all rights to hold the Connersville Utilities liable in circumstances when water service is connected. As a precaution measure, after your water is turned on and prior to using your water, please let the water run for approximately ten minutes. This will clear all air and discolored water in your plumbing lines.					
SIGNATURE	3 00	DATE		TIME	
ACCT #:	SHOP ORD	DER #:			
METER DEPOSIT #:	DEPOSIT DATE:	DEPOSIT AMOU	NT:		
NEW WATER SERVICE: (YES/NO) NEW WASTEWATER SERVICE: (YES/NO)					
ESTIMATED SERVICE: (YES/NO)		TSO ()		
RESIDENTIAL () COMMERCIAL () INDUSTRIAL () NAME CHANGE () HYDRANT MTR ()					
CITY LIMITS (YES/NO)	TRASH-IF OPTIONAL	(YES/NO)			
TAX EXEMPT (YES/NO) PENALTY EXEMPT (YES/NO)					
SEWER (YES/NO)	XTRA SEWER CHARGE (YES/N	O) NUMBER	OF APARTMENTS:	·	
HYDRANT CHARGE:	HYDRANT	CODE:			
METER SERIAL:	METER REA	ADING:		METER SIZE:	

LOCATION OF METER: __