

# MORGAN MILL WATER APPLICATION

1) Name of Applicant: \_\_\_\_\_ Name of Co-Applicant \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

4) Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_

5) Applicant is landowner: \_\_\_\_\_ Tenant: \_\_\_\_\_ (Provide Valid Lease Agreement)

Land Owner please list all properties you own that are on the Morgan Mill Water Supply System. Please include the names, address, and phone numbers of renters.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If renter, please list name, address, email and phone numbers of Landlord:

\_\_\_\_\_  
\_\_\_\_\_

6) Applicant's Email Address: \_\_\_\_\_

(By signing this form I agree for Morgan Mill Water Supply Corp to correspond with through email regarding billing and any other water or water related matter. I understand my email will not be given to any third party recipients and will be used solely for the purpose set forth by Morgan Mill Water Supply Corp in the supplying and billing for water services.) **Do not add email address if you DO NOT want to be contacted by email.**

7) Address and location of service: \_\_\_\_\_

Legal Description: Subdivision \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

8) Type of Service:

Residential \_\_\_\_\_ Permanent \_\_\_\_\_ Commercial \_\_\_\_\_ Temporary \_\_\_\_\_

9) Purpose for which water is to be used: Residential \_\_\_\_\_ Other \_\_\_\_\_

Explain: \_\_\_\_\_

10) List all toxic or hazardous chemicals to be used at service location excluding normal domestic cleaning agents typically used in a home or office.

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11) Water Deposit Paid: Yes \_\_\_\_\_ No \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Money Order \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

12) Membership Fee Paid: Yes \_\_\_\_\_ No \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
Money Order \_\_\_\_\_ Amount: \_\_\_\_\_ Date Paid: \_\_\_\_\_

13) Person responsible for service bills if not the applicant above:

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Driver's License or Tax ID# \_\_\_\_\_ State: \_\_\_\_\_

Telephone No: Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address if different from service address above:

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PO Order # if required: \_\_\_\_\_

14) Date of Application: \_\_\_\_\_ Date Service to Begin: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

(To be signed by person applying for service.)

LANDLORD: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Title: \_\_\_\_\_

(By signing, Landlord grants all required rights of access to the utility. Landlord MUST sign if the applicant is a tenant.)

GUARANTOR OR ALTERNATE BILL PAYOR in #13) above:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

(By signing Guarantor agrees payment for all water utility charges, related fees and damages caused by applicant.)

Morgan Mil Water Application

UTILITY:

By: \_\_\_\_\_ Title: \_\_\_\_\_

COUNTY } \_\_\_\_\_

}

STATE } \_\_\_\_\_

THIS INSTRUMENT WAS ACKNOWLEDGED BEFORE ME BY \_\_\_\_\_ ON  
\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

NOTARY: \_\_\_\_\_

(Signature)

\_\_\_\_\_

(Printed Name)

Notary Expiration Date: \_\_\_\_\_