

MONROE COUNTY WATER

APPLICATION FOR COMMERCIAL WATER SERVICE

DEPENDING ON THE DAY SERVICE REQUEST BECOMES ACTIVE, YOU MAY RECEIVE A 1 DAY BILL FOR A MINIMUM CHARGE OF (\$16 .00) FOR USE OF 0-1000gls, From 1001-10,000gls >\$7.59 per 1,000, From 10,001-40,000gls > \$9.66 per 1,000 Over 40,001gls > \$11.04 per 1,000. BILLS ARE MAILED OUT BY THE 20TH OF EACH MONTH. BILLS ARE DUE BY THE 10TH OF THE FOLLOWING MONTH. CUTOFF WILL BE ON THE 25TH. IF YOUR PAYMENT IS MADE AFTER THE DUE DATE, A 10% PENALTY WILL BE ADDED TO THE TOTAL BALANCE. IF CUTOFF FALLS ON A FRIDAY OR WEEKEND, WE WILL PROCEED WITH CUTOFF THE FOLLOWING BUSINESS DAY. IF YOU MAKE AN ARRANGEMENT TO PAY ON WATER TAP, IT IS YOUR RESPONSIBILITY TO MAKE YOUR MONTHLY PAYMENT ARRANGEMENT. FOR ONLINE PAYMENTS GO TO www.monroecoga.org YOU WILL NEED YOUR ACCOUNT NUMBER AND PIN THAT IS LOCATED ON THE TOP LEFT SIDE OF YOUR BILL. NO LATE NOTICES WILL BE MAILED. MAKE CHECKS PAYABLE TO: **MCWS**

TODAYS'S DATE: _____ **DATE SERVICE REQUESTED:** _____

COMPANY NAME _____ **EIN** _____ - _____ **TAX ID REQUIRED**

SERVICE ADDRESS: _____ **BILLING ADDRESS:** _____

COMPANY ACCOUNT PAYABLE CONTACT PERSON: _____

TELEPHONE NUMBER (OFFICE): _____ **(CELL):** _____

EMAIL: _____

| | | | |
|-----------------------------|-------------------------|--------------|--------------|
| UTILITIES REQUESTED: | METER REQUESTED: | FEES: | SIZE: |
| WATER: _____ | WATER: _____ | _____ | _____ |
| SEWER: _____ | SEWER: _____ | _____ | _____ |

I UNDERSTAND THAT UTILITIES REQUESTED WILL BE COMPLETED BY 5PM THE FOLLOWING BUSINESS DAY. METER REQUESTS WILL BE COMPLETED WITHIN THE NEXT 3-6 WEEKS BASED ON A CONTRACTOR SCHEDULE. All NEW METER INSTALLS ARE REQUIRED TO HAVE A PRESSURE REGUATOR VALVE(PVR), THIS IS THE CUSTOMER'S RESPONSIBILITY.

SIGNATURE: _____ **COPY OF APPLICATION** **YES** **NO**

FOR OFFICE USE ONLY

| | |
|-----------------------------------------|------------------------------------|
| NAME CHANGE ONLY? YES ___ NO ___ | ACCOUNT NUMBER _____ |
| TYPE OF SERVICE: ___ NEW ___ EXISTING | LOCATION ID _____ |
| | ONLINE PIN # _____ |
| CLERK SIGNATURE _____ | WORK ORDER NUMBER _____ - _____ |
| UTILITIES REQUESTED: DEPOSIT AMOUNT: | METER REQUESTED: FEES: SIZE: |
| WATER: ___ _____ | WATER: ___ _____ _____ |
| SEWER: ___ _____ | SEWER: ___ _____ _____ |