

## MONROE COUNTY WATER SYSTEM APPLICATION FOR RESIDENTIAL WATER SERVICE

Bills are mailed out on the 20<sup>th</sup> of each month and are due by the 10<sup>th</sup> of the following month, depending on the day service becomes active you may receive a 1-day bill for a minimum charge of \$16.00 for use of 0-1000 gal. If payment is made after the due date, a 10% penalty fee will be added to the total balance, failure to pay will result in an interruption of services. Cutoffs will occur on the 25<sup>th</sup> each month, if this date falls on a Friday or weekend then cutoffs will be performed the next business day. If you make a payment arrangement on the Water Tap Fee, it is your responsibility to make your monthly payment. **NO LATE OR REMINDER NOTICES WILL BE SENT.**

For online payments you may access the portal by going to [monroecoga.org](http://monroecoga.org), you will need your **Account Number and Pin located at the bottom of this form or on the top left side of your bill.** Please make checks payable to: **Monroe County Water System or MCWS.**

### MONROE COUNTY WATER RATE STRUCTURE

|  | January-April & October-December | May-September |
|--|----------------------------------|---------------|
| Residential Base Charge 0-1000 gal     | \$16.00                          | \$16.00       |
| Rate per 1000 gal for 1,001-4,000 gal  | \$7.59                           | \$6.55        |
| Rate per 1000 gal for 4,001-10,000 gal | \$8.97                           | \$7.74        |
| Rate per 1000 gal for >10,001 gal      | \$10.35                          | \$7.74        |

Today's Date: \_\_\_\_\_

Date Service Requested: \_\_\_\_\_

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

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **PICTURE ID REQUIRED**

Service Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Telephone Number (Cell/Home): \_\_\_\_\_ Work: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_

**Utilities Requested:**

Water

**Meter Requested:**

Water

**Meter Size :**

¾ in

1in

\_\_\_\_\_

I UNDERSTAND THAT UTILITIES REQUESTED WILL BE COMPLETED BY 5PM THE FOLLOWING BUSINESS DAY. METER REQUESTS WILL BE COMPLETED DEPENDING UPON CONTRACTOR AVAILABILITY. ALL NEW METER INSTALLATIONS ARE REQUIRED TO HAVE A PRESSURE REGULATOR VALVE (PVR), THIS IS THE CUSTOMERS RESPONSIBILITY.

Signature: \_\_\_\_\_ Copy of Application \_\_\_ Yes \_\_\_ No

### FOR OFFICE USE ONLY

**Name Change Only:**  Yes  No **Account Number:** \_\_\_\_\_

**Type of Service:**  New  Existing **Online Pin:** \_\_\_\_\_

**Utilities Requested:**  Water **Location ID:** \_\_\_\_\_

**Deposit Amount:** \$ \_\_\_\_\_ **Work Order Number:** \_\_\_\_\_

**Meter Requested:** \_\_\_\_\_ **Meter Fees:**

¾ in

1in

**Clerk Signature:** \_\_\_\_\_