

MONROE COUNTY WATER SYSTEM

APPLICATION FOR WATER SERVICE

Bills are mailed out on the 20th of each month and are due by the 10th of the following month, depending on the day service becomes active you may receive a bill for a for use of 0-1000gal at the CURRENT BASE RATE. 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 25th 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, 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

****SUBJECT TO CHANGE****

	RESIDENTIAL	COMMERCIAL
Residential Base Charge 0-1000 gal	\$20.00	\$75.00
Rate per 1000 gal for 1,001-4,000 gal	\$8.93	\$9.95
Rate per 1000 gal for 4,001-10,000 gal	\$10.31	\$12.68
Rate per 1000 gal for >10,001 gal	\$11.69	\$14.47

Name: _____

Date Service Requested: _____

Business Contact/Title: _____

SSN/TIN: _____ **PICTURE ID REQUIRED**

Service Address: _____

Billing Address: _____

Place of Employment: _____

Email Address: _____

Telephone Number (Cell/Home): _____ Business: _____

Spouse's Name: _____

Spouse's Place of Employment: _____

Service Requested:

- ☐ Residential
☐ Commercial

Meter Box:

- ☐ Yes
☐ No

Meter Size :

- ☐ ¾ in
☐ 1in
☐ _____

Receive Bill:

- ☐ Mailed
☐ Emailed
☐ Both

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

Signature: _____

Date: _____

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 _____
☐ in _____

Clerk Signature: