City of Oronogo Contractor Application for Water Service

Company Name _					
Property Address	,				
City _		State	Zip _		
Billing Address					
City _		State	Zip		
Phone # _		Cell Phone #	‡		
Social Security #_		OR EIN #_			
Email Address _					
Contractor's Name _					
Phone # _					
paid by the 25 th of the more further notice. Note: Deposits are held until we will be mailed the following mone deposit will be required to reestal.	are notified to discontinu th. If you are shut off for blish service.	e your service. Your non-payment your d	deposit will be	e applied to your	final bill and any refund account and a new
UTILITIES WILL NOT BE P IS ISSUED AFTER FINAL IN		DENTS WITHOUT	'A CERTIFI	CATE OF OCC	CUPANCY, WHICH
I agree to comply with the rule all bills as they become due. Yo receive a bill does not n	Whether I receive a	bill or not, I rea			
Signature			Date		
		<mark>r Office Use Onl</mark>			
Deposit Information:	Water Deposit				
Total amount received:	\$ Cas	sh Check	k	CRDB	
Bus Lic #	Bldg Permit #		Utility Info	o #	