

# City of Hawesville

# Water Application

395 Main Street PO Box 157 Hawesville, KY 42348 270-927-8707 Fax: 270-927-8184 Mayor: Charles M King

Utility Deposit Owner \$150.00\_\_\_\_\_ Rent \$200.00\_\_\_\_\_ Connection Fee **\$50.00** will be applied to first bill.

Account # \_\_\_\_\_

Name \_\_\_\_\_ Date Paid \_\_\_\_\_

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

DL# \_\_\_\_\_ **We also need a copy of your Driver's License.**

DOB \_\_\_\_\_ Employer \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

Phone # \_\_\_\_\_ Phone# \_\_\_\_\_

**(Must have a current number in case we have to contact you about services)**

Have you previously had service with the city? Yes \_\_\_\_\_ No \_\_\_\_\_

Date you wish to have service connected \_\_\_\_\_

Do you wish to have automatic bank draft withdrawal? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a copy of a voided check with your application.

All services must be paid in full before water services at the address can be restored for new customers.

Owner \_\_\_\_\_ Mailing Address \_\_\_\_\_

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_