

CUSTOMER SERVICE ORDER FOR MUNICIPAL SERVICES

CUSTOMER NAME _____

CORPORATE NAME _____

MAILING ADDRESS _____

SERVICE ADDRESS **LTO** **LOT**

DATE REQUIRED

I CERTIFY THAT I HAVE REVIEWED THE APPROPRIATE SCHEDULES AND BYLAWS AND AGREE TO THE TERMS AND CONDITIONS THEREIN. I UNDERSTAND THAT RATES AND CONDITIONS ARE SUBJECT TO CHANGE.

SERVICE WILL NOT BE PROVIDED UNTIL SERVICES POINTS HAVE BEEN INSPECTED AND MEET THE STANDARDS REQUIRED.

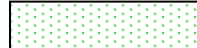
I AGREE TO NOTIFY THE HAMLET OF ANY CHANGES AND THAT I WILL BE RESPONSIBLE FOR ALL CHARGES UNTIL SUCH NOTICE IS GIVEN TO THE HAMLET DURING NORMAL WORKING HOURS.

TERMS OF ACCOUNT PAYMENTS ARE NET UPON RECEIPT. SERVICES WILL BE DISCONTINUED FOR THE NON PAYMENT OF ACCOUNTS AND THERE WILL BE A RECONNECTION FEE.

CUSTOMER SIGNATURE

AN ACCOUNT DEPOSIT HAS BEEN RECEIVED. THIS DEPOSIT WILL BE HELD UNTIL SERVICE IS DISCONTINUED AND THE ACCOUNT IS PAID IN FULL. ONCE THE ACCOUNT IS PAID IN FULL THE DEPOSIT WILL BE RETURNED PLUS INTEREST AT THE APPROVED RATE.

RECEIPT



CUSTOMER	NEW	DISCONNECT	CHANGE								
SERVICE	WATER	SEWAGE	GARBAGE	MULTIPLIER	1	2	3	4	5	6	7
USE	RESIDENCE	MULTI FAMILY	COMMERCIAL								
CLIENT TYPE	PRIVATE	COMMERCIAL	INDUSTRIAL	GOVERNMENT	NON PROFIT	OTHER					
RATE	FULL RATE	PRIVATE	SENIOR	COMMERCIAL	BULK						
INDICATOR	LIGHT	OVERFLOW									
SERVICE DATE	MOVE IN	MOVE OUT									
ROUTE	SCHEDULE	WATER	1	2	3	4	O	D			
		SEWAGE	1	2	3	4	O	D			
		WASTE	1	2	3	4	O	D			

ACCOUNT

NUMBER		SET		TYPE	
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