

ELKO MUNICIPAL WATER DEPARTMENT
1751 COLLEGE AVENUE
ELKO, NV 89801
(775) 777-7100 (775) 777-7135
(775) 777-7106 FAX

WATER/ SEWER REQUEST FOR SERVICE APPLICATION

WATER DPT USE ONLY

PREV CUSTOMER _____

DATE _____

ACCOUNT # _____

SERVICE ADDRESS _____

LEGAL OWNER OF PROPERTY

NAME _____

MAILING ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

RENTER OR PERSON TO WHOM MONTHLY BILLS ARE TO BE MAILED

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____

PROPERTY TYPE * PLEASE CIRCLE ONE*

APT _____
OCL _____

COLONY _____
RESIDENTIAL _____

COMMERCIAL F/U _____
TR CT _____ METER _____

DATE SERVICE TO BE PROVIDED _____

The applicant and with the legal owner, together and individually, are responsible for the payment of all water/sewer charges at the premises applied for. If the renter defaults on payment, the legal owner of the premises will be responsible for any and all charges at the premises applied for. These charges may include any delinquent or disconnection charges assessed to the premises applied for.

Only the legal owner of the premises may request disconnection of service or a change to the name or address in which the monthly billing is to be sent.

In the event that the billing or any part thereof, become two or more months owing, the account will be considered delinquent and subject to disconnection procedures, including any and all delinquent and/or disconnection charges. Should a billing become delinquent, and subsequently have services disconnected, the services will remain disconnected, until payment in full is received. If payment is not received, a lien will be placed on the property for the amount of the bill, and any charges accrued by the City of Elko, in an attempt to collect the amount owed.

RENTER SIGNATURE _____

LEGAL OWNER SIGNATURE _____

* BY SIGNING I AGREE TO THE TERMS LISTED ABOVE, AND AUTHORIZE PERMISSION TO CHANGE ACCOUNT NAME

BALANCE DUE \$ _____