

Chilton Water Authority
P.O. Box 1029
Thorsby, AL 35171
205-646-3300 Fax #: 205-646-4121

Date: _____ Account #: _____ Rt/Sq #: _____

Customer's Name: _____

Phone #: _____ Social Security #: _____

Employer: _____

Service Address: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Water Deposit \$ _____

NON-REFUNDABLE FEES

New Service Tap Fee \$ _____

Service Charge \$ _____

Credit Card Handling Fee \$ _____

Total Amount Due: \$ _____

To induce CWA to accept this application and provide water on an existing line to customer, customer agrees to comply with CWA's rules and regulations and to promptly pay for all water used.

Customer Signature: _____ Date: _____

New Service: _____ Unlock & Leave Off: _____ Unlock & Leave On: _____ Read & Leave On: _____
Set Meter & Leave Off: _____ Set Meter & Leave On: _____