

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

**SERVICE APPLICATION**

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_ Rt-Mtr: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Last four of SSN: \_\_\_\_\_

Employer: \_\_\_\_\_

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, the 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 and Leave On: \_\_\_\_\_      Set Meter & Leave On: \_\_\_\_\_      Set Meter & Leave Off: \_\_\_\_\_