

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: _____

Email Address: _____

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: _____