

APPLICATION FOR WATER SERVICE

ACCOUNT # _____

RENTAL PROPERTY ONLY

SAPA WATER ASSOCIATION INC.

_____ REQUEST WATER SERVICE FROM SAPA WATER ASSOCIATION.

SERVICE ADDRESS _____

BILLING ADDRESS _____

PHONE NUMBER _____

AMOUNT DUE/RECEIVED _____ DATE RECEIVED _____

TWO FORMS OF IDENTIFICATION, ONE MUST HAVE PHOTO ON IT OTHER CAN BE INSURANCE, CREDIT/DEBIT CARD ETC. WITH NAME PRINTED ON IT.

PHOTO VERIFIED BY _____ (SAPA WATER ASSOCIATION OFFICIAL INITIAL HERE)

OTHER ID VERIFIED BY _____ (SAPA WATER ASSOCIATION OFFICIAL INITIAL HERE)

PREVIOUS WATER PROVIDER _____

ADDRESS _____

BY SIGNING THIS APPLICATION, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. IF THE INFORMATION IS NOT CORRECT SAPA WATER ASSOCIATION HAS THE RIGHT TO TERMINATE MY WATER SERVICE. MY MEMBERSHIP AND DEPOSIT WILL BE REFUNDED LESS THE CHARGE FOR WATER USED. BY SIGNING I CERTIFY THAT I HAVE AND UNDERSTAND THE RATES, LATE FEES, AND DISCONNECT POLICY OF SAPA WATER ASSOCIATION. A COPY OF RATES, LATE FEES, AND DISCONNECT POLICY OF SAPA WATER ASSOCIATION HAS BEEN PROVIDED ME FOR MY RECORDS.

THE RECEIPT YOU RECEIVED WHEN YOU SIGNED THIS FORM AND PAID YOUR APPLICATION FEES MUST BE RETURNED TO SAPA WATER ASSOCIATION WHEN YOU MOVE. FAILURE TO RETURN THE RECIPT MAY DELAY REFUND. IF YOU OWE ANY WATER BILLS, WHEN YOU MOVE, MONEY YOU OWE WILL BE DEDUCTED FROM DEPOSIT/MEMBERSHIP FEE BEFORE REFUND IS MADE. IF MEMBERSHIP/DEPOSIT DOES NOT COVER BALANCE DUE, YOU WILL BE RESPONSIBLE FOR REMAINING BALANCE.