

APPLICATION FOR WATER - Businesses

Date \_\_\_\_\_

City of West Frankfort

Dep. Pd. \_\_\_\_\_

Business Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

Onsite Manager or Contact: \_\_\_\_\_

Have you had water service here before?  Yes  No

FEIN#: \_\_\_\_\_ Owner Name: \_\_\_\_\_

Rent: \_\_\_\_\_ Own: \_\_\_\_\_ Owner Phone: \_\_\_\_\_

LandLord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_ Would you like e-bills: \_\_\_\_\_

Who can we contact in the instance of a leak if you are unavailable:

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

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

I will be responsible for paying all water & sewer bills that are incurred at the address. I have requested service. If they are not paid as required, I understand that my water service may be disconnected and that I will be responsible for any charges related to reconnection of service as well as any late fees, court costs, attorney fees, and any extra costs to recover the payment.

\_\_\_\_\_  
Owner / Legal Representative Signature

\_\_\_\_\_  
Date