WILMORE UTILITIES SERVICE APPLICATION

Applicant Last Name, First, Middle (Print)	Date Service Requested
Service Address	Mailing Address (if different)
City, State, Zip	City, State, Zip (if different)
Phone Number	Alternative Phone Number
Employer	Employer Phone Number
Spouse's Name	Spouse's Phone Number
Applicant's Email Address	Spouse's Email Address

I understand that I am responsible for all water usage at the property and I will pay all bills owed by me by the due date. I will abide by and comply with all ordinances, specifications, and regulations of the Wilmore Utilities System. I will continue to be responsible for same until my account is closed following the normal procedure of the Wilmore Utilities System. By my signature below, I acknowledge that I understand and agree with all of the above.

Signature	Date

I hereby acknowledge that I am responsible for any additonal fees that might incur during collection of the final bill. _____ (Initial)

Remit to: Wilmore Utilities System
210 S. Lexington Ave.
Wilmore, KY 40390

Deposit amount: $150
Refundable after 5 years or applied to final bill

For Office Use Only

Wilmore Service Area	_____	Receipt Number:	_____
High Bridge Service Area*	_____	Account Number:	_____
S.E. County Service Area*	_____	Date Turned On:	_____
Senior Citizens Rate	_____	Meter Reading:	_____
Landlord Name	_____	Orion Number:	_____

*The water system in High Bridge service area and the South East County service area has separate and higher water rate schedules, and the water lines in those areas are NOT designed or intended for fire protection.