

Calvert City Water & Sewer

PO Box 36

Calvert City, KY 42029

Telephone 270-395-7138

COMMERCIAL/ INDUSTRIAL SERVICE REQUEST

Company Name _____

Phone Number _____ Email Address _____

Service Address _____

Banking Institution _____ Date Business Started _____

Corporation _____ Sole Proprietorship _____ Partnership _____ Other _____

Sole/Partnership (Owner(s) Names) _____

Type of Business _____

Accounts Payable Contact: Name _____ Phone Number _____

Billing Address _____

#1 Local Emergency Contact _____ Phone # _____

#2 Local Emergency Contact _____ Phone # _____

Has your company ever had water with us before? _____ Yes _____ No

If yes, under what name _____

Is This Rental Property? _____ Yes _____ No

If Rental, Property Owner: Name _____

Address _____ Phone # _____

Paid Meter Deposit (\$150.00) Yes _____ No _____

Paid Tap on Fee (\$ _____) Yes _____ No _____

Services to Be Provided Water _____ Sewer _____ Garbage _____

Would You Like To Sign Up For Automatic Withdrawal? Yes _____ No _____

I have been given a copy of the Calvert City Water & Sewer Rules and Regulations. I have read and understand these rules, regulations and charges as they apply to this account. My signature below confirms all information given above is truthful and correct.

Responsible Party Signature _____

Date _____

Witness _____

Office Use Only:

Account # _____

Meter # _____

Serial # _____