

Calvert City Water & Sewer
PO Box 36
Calvert City, KY 42029
Telephone 270-395-7138

RESIDENTIAL SERVICE REQUEST

Drivers License Photo Identification is required to obtain service.

Name: First _____ MI _____ Last _____
Drivers License: State issued _____ # _____ D.O.B. _____
Home Telephone Number _____ Cell # _____
Email Address _____
Service Address _____
Billing Address _____
Previous Address _____
Employer _____
Spouse's Name _____ Employer _____
Emergency Contact _____ Phone # _____
Has anyone in your household 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 my account. My signature below confirms all information given above is truthful and correct.

Customer's Signature _____
Date _____
Witness _____

Office Use Only:

Account # _____

Meter # _____

Serial # _____

