

SATSUMA WATER AND SEWER DEPARTMENT

NEW CUSTOMER INFORMATION SHEET

NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER (HOME): _____

PHONE NUMBER (CELL): _____

OTHER NUMBERS: _____

LAST FOUR DIGITS OF SS#: _____

DRIVER'S LICENSE NUMBER: _____

EMAIL ADDRESS: _____

Check here if you would like to receive your bill in email format. NO PAPER BILL WILL BE MAILED.

Deposits will be refunded after a request to discontinue service has been made by the customer and there is a zero balance on the account.

Water Turn-On Liability Release – By signing below, you acknowledge you are at least 18 years of age and accept full responsibility for the above address for said water service to be connected. In accepting this responsibility, you release the Satsuma Water and Sewer Board from any damages that may occur from the initiation of water service at the above address.

SIGNATURE: _____ DATE: _____