

UTILITY SERVICE REQUEST FORM



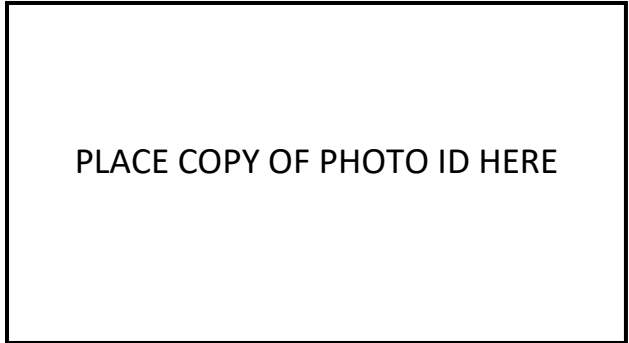
ACCOUNT # \_\_\_\_\_ ROUTE # \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_ SSN: \_\_\_\_\_

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_



Have you ever had an account with the City of Bowling Green? Y / N If yes, provide prior address and name on prior account \_\_\_\_\_

Will this be a  Primary Residence  Rental Property  Business

**For a business service request located inside the City limits, an Occupational License must be obtained.**

For the safety of our utility staff, on-site pets must be secured in areas away from water meter and garbage can locations. To prevent water damage, verify all water faucets are turned off prior to the scheduled connection date. If water is found to be running when we attempt service connection, service will not be connected until someone is present at the service address. Please be aware, the City is not responsible for damages resulting from open, leaking, or missing fixtures.

The City of Bowling Green shall be responsible for maintenance of the meter and delivery system up to and including the meter and the customer shall be responsible for maintenance of the delivery system and fixtures from the meter to the house, including keeping meter and box clean and available for readings. I have read over the Bowling Green City Ordinance 94-7 regarding intentionally injuring or tampering with part of the distribution systems and am aware of the penalty for violation.

I the undersigned understand and agree that I am responsible for all charges for above services requested and will continue to be responsible for same until such time as I request termination of service. By signing I also agree that I have received the Utility Packet Information Guide.

**I hereby authorize the City of Bowling Green to deliver voice/text messages to the number listed above for reminders/ important messages regarding my utility services by using an automated telephone dialing system or artificial/prerecorded voice. I also acknowledge that it is my responsibility to contact City Hall if my information changes.**

\_\_\_\_\_  
Applicant Signature Date

Applicant Signature		Date	
<b>OFFICE USE ONLY</b>			
DEP\$ _____	CASH/CK# _____	ENTERED BY _____	REC'D BY _____
START _____	R/I _____	AMT DUE _____	OWED TO CITY _____
CLOSE _____	R/O _____	REFUND TO CUSTOMER _____	
		REMAINING BALANCE _____	P/O DATE _____