

# Residential Application for Service



## SERVICE REQUEST TYPE:

- Transfer Existing Service to New Customer
- New Service Installation (Install new water meter and/or sewer tap connection)

## CUSTOMER BILLING INFORMATION:

Customer Name: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Spouse/Occupant Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have You Had Service with us Before?  No  Yes (If Yes, At What Location) \_\_\_\_\_

Date to Start Service/Installation:  Same Day (\$50)  Next Business Day (\$25)  New Service Installation (\$650)  
 Other Date (\$25) \_\_\_\_\_

**PRIMARY CUSTOMER CONTACT:** *The GWC may notify the Customer of important service bulletins, including Boil Water Advisories, Water Leaks, Water Outages, Account Notifications, etc., by the listed contact information below. Please provide as much information as possible and periodically update your information with our service department in order that we may better serve you in the future.*

Phone #: (List all Applicable) \_\_\_\_\_

Email Address (List all Applicable) \_\_\_\_\_

Mobile #: \_\_\_\_\_ Is Text Messaging Available for Mobile? No Yes

**IF RENTING, NAME AND PHONE NUMBER OF LANDLORD:** (Attach Applicable Lease/Rent Agreement)

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**BILL PAYMENTS OPTIONS:** Online ([www.glasgowh2o.com](http://www.glasgowh2o.com)) - AutoPay (Automatic Bank Draft) - By Mail (P.O. Box 819, Glasgow, KY 42142) - In Person or Drop Box (126 E Public Sq. Glasgow, KY 42142) - Local Banks (Payment Drop Off)

*The GWC is not responsible for any damage incurred as a result of requested connection or termination of service due to open faucets, broken water lines, etc. It is recommended that the Customer have a main line shut-off valve installed on the Customer side of the meter in order that the Customer may routinely or in an emergency turn service on or off. It is agreed that by submitting this Application for Service, the information contained herein is true and correct and the Applicant agrees to and shall comply with all GWC Rules and Regulations as a utility Customer.*

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

Date \_\_\_\_\_



### OFFICE USE ONLY

Account #: \_\_\_\_\_ Meter #: \_\_\_\_\_ Work Order #: \_\_\_\_\_