

**V.A.W. WATER SYSTEM, INC.**

P.O. BOX 10, VINEMONT, AL 35179

**NEW SERVICE APPLICATION**

Updated 7/2021

Have you ever had service with V.A.W. in the past? \_\_\_\_\_ Do you currently have other active accounts with us? \_\_\_\_\_

Does the meter serve more than one family / business? \_\_\_\_\_ If yes, how many will it serve \_\_\_\_\_  
 (Example: Meter serves 1 house and 1 mobile home, 1 house and 2 chicken houses, apartment building, strip mall, etc.)  
 (Failure to give true and correct information may result in your service being disconnected and additional fees charged.)

Name: \_\_\_\_\_ Cell Ph: \_\_\_\_\_  
 \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Last First MI

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Required in order to establish service Required in order to establish service

EMAIL ADDRESS: \_\_\_\_\_ E-Statement Y (only) N (mail) B (Both) Circle one

Name of Co-Owner: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First MI

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Required in order to establish service Required in order to establish service

**Please note that persons listed above will be the only persons authorized to make changes to this account, including the discontinuance of service. You are required to have a photo I.D. to open an account in your name.**

Service Address: \_\_\_\_\_  
Number & Street City County State/ZIP

Billing Address: \_\_\_\_\_  
Number & Street City County State/Zip

Do you own this property? ( ) Yes, ( ) No

If no, landlord's name: \_\_\_\_\_  
Name Phone

Emergency contact not living with you \_\_\_\_\_  
Name Phone

**I understand that my bill is due the same time each month. Failure to receive bill does not relieve me of payment obligation. No further notice will be sent.**

**I certify that the above information is true and correct. The Water System has the right to discontinue service, should the above answers contain fraudulent information. By signing this application, I am accepting the responsibility for the indebtedness of this account. I agree to pay all collection fees, court costs and/or reasonable attorney's fees if my account should become past due.**

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

**NEW METER SETS ONLY:** Each new meter will be billed for a minimum of 12 months beginning with the next cycle. If meter is locked prior to 12 months billing; the difference will be due upon locking.

**The System will refuse service if a customer's service lines are not installed in such a manner as to prevent backflow or cross-connection as required by the State Health Department.**

**BELOW FOR OFFICE USE ONLY**

NSF \$ \_\_\_\_\_ Dep \$ \_\_\_\_\_ Ck. # \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Cert. No. \_\_\_\_\_

Rt/Acct \_\_\_\_\_ 1<sup>st</sup> Reading \_\_\_\_\_ Cust. No. \_\_\_\_\_ Work Order # \_\_\_\_\_

Print Mailing Label: ( ) Yes, ( ) No Give customer a stake: ( )

NOTES: \_\_\_\_\_ Meter set regulator: ( )