

AUBURN WATER SYSTEM, INC

3097 LOCKE LN
CRESTVIEW, FL 32536
850-682-1258 OR 850-682-3413 ~ FAX 850-683-1151



PROPERTY MANAGEMENT WATER FORM

AS A REPRESENTATIVE OF: _____

NAME OF PERSON APPLYING FOR SERVICE _____

BILLING ADDRESS _____

SERVICE ADDRESS _____ S.S. # OR TAX ID # _____

HOME # _____ WORK # _____

DATE SERVICE TO START: _____

No deposit is required. However, if the bill is defaulted a \$75.00 deposit will be required to turn water on in the future. A \$35.00 service charge is required and can either be paid up front or billed to this account.

SIGNATURE OF REPRESENTATIVE

PRINTED NAME OF REPRESENTATIVE

WITNESS

DATE

(OFFICE USE ONLY)

ACCOUNT #: _____ RT/METER #: _____ S/O #: _____

AMOUNT BILLED _____ AMOUNT PAID _____

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE

PRINTED NAME OF CUSTOMER SERVICE REPRESENTATIVE