

AUBURN WATER SYSTEM, INC

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



TEMPORARY WATER AGREEMENT

REPRESENTATIVE OF: _____
SELF OR NAME OF BUISNESS

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME NUMBER _____ WORK NUMBER _____

S.S. # OR TAX ID # _____ DATE TO TURN WATER ON _____ TODAYS DATE _____

TEMPORARY WATER IS FOR 10 BUSINESS DAYS ONLY:

I UNDERSTAND BY SIGNING BELOW THAT THE CHARGE OF \$40.00 (OWNER OR REAL-ESTATE COMPANY) WILL NOT BE REFUNDED AND I WILL BE BILLED FOR ALL USAGE OVER 3,000 GALLONS AT THE CURRENT USAGE BLOCK RATES. WE ALSO NEED A COPY OF YOUR DRIVERS LICENCE. ALL REQUESTS ARE NEXT BUSINESS DAY SERVICE

SERVICE ADDRESS _____

PRINTED NAME OF REPRESENTATIVE (SELF OR SIGN FOR BUISNESS) _____ SIGNATURE OF REPRESENTATIVE (SELF OR SIGN FOR BUISNESS) _____

(OFFICE USE ONLY)

ACCT # _____ RT/ METER # _____

DATE TURNED OFF _____ OFF/ON SERVICE ORDER # _____

METER ID # _____ METER SERIAL # _____

BEGINNING READ _____ ENDING READ _____ GALLONS USED _____

AMOUNT PAID _____ USAGE BILLING (IF ANY) _____

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE _____ PRINTED NAME OF CUSTOMER SERVICE REPRESENTATIVE _____