

PLEASE PRINT

# FLEMING COUNTY WATER ASSOC. SERVICE ORDER

- Commercial
- Residential
- Agricultural

ACCOUNT #: \_\_\_\_\_

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

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

CITY/ZIP: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_ LOT # \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RENTAL Y / N OWNER NAME: \_\_\_\_\_

DEP/MEM — S/C: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

METER #	ID #	ON READING	DATE

I request FLEMING COUNTY WATER ASSOCIATION to furnish Water Service to the address shown hereon, which may be changed with proper notice. I agree to receive and pay for service in accordance with the company's standard rules and rates.

Signed: \_\_\_\_\_