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: _____
Email Address _____