

City of Maysville Water Department

Water Service Request Form

Final Customer Service

Name: _____ Today's Date: _____

Date to turn water off: _____

Race: This information is for recording information with federal agencies only. If not supplied we will determine based on observation Male _____ Female _____

White _____ American Indian/Alaskan Native _____ Asian _____

Black/African American _____ Native Hawaiian _____ Other _____

Service Address _____

Mailing Address for final bill

Home Phone # _____ Work Phone # _____

Cell Phone # _____

Final Acct information:

Homeowner: _____ Renter _____

City Limits: Inside _____ Outside _____

Sewer _____ Garbage _____ Acct.# _____

Signature _____ Date _____

_____ Meter # _____

Final Reading _____ Seq # _____ Route# _____

Date _____

$\frac{3}{4}$ " meter Minimum bill
\$20.68 per month inside city limits 0-2000 gals
\$29.57 outside city limits 0-2000 gallons
\$5.00 per 1000 over 2000 gal
Sewer rates based on water usage.
\$15.64 0-2000 gallons
\$ 4.69 per 1000 over 2000 gallons

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Mailing Address for new bill _____

Home Phone # _____ Work # _____ Cell # _____

New Acct information:

Renter _____ Landlord _____

City Limits: Inside _____ Outside _____

Sewer _____ Garbage _____ \$14.50 per month/container provided

Signature _____ Date _____

Meter # _____

Total \$225.00 = Deposit \$200.00 & NonRefundable \$25.00 Administrative Fee

Cash Only _____

New Reading _____ Seq # _____ Route# _____ Old Acct. # _____

Date _____

¾" meter Minimum bill
\$20.68 per month inside city limits 0-2000 gals
\$29.57 outside city limits 0-2000 gallons
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