

City of McVile
113 N Main St
McVile ND 58254
Phone 701-322-4343

For Office Use Only:
Address _____
Paid _____ Yes _____ No _____
Date Bill Sent _____
Notified Waste Man. _____

WATER HOOKUP APPLICATION

NAME _____ DATE _____

ADDRESS _____ SS# _____

TELEPHONE _____ DATE OF BIRTH _____

EMPLOYER _____ OCCUPATION _____

ADDRESS _____ TELEPHONE _____

REQUEST WATER TURNED ON _____

The undersigned, in consideration of the connection to the water supply system of the City of McVile and of the furnishing and supplying of water, waste collection, and sewer services for the premises described as does hereby promise and agree to and with the City of McVile, North Dakota, that he/she will pay all charges for utilities used and services rendered in or on the said described premises, in accordance with the amounts shown by the water meter and at the time specified in the water bills as rendered. The undersigned is responsible for all utilities and accepts and agrees to abide by all provisions, conditions, requirements, and regulations as outlined in the ordinances of the City of McVile regarding utility service and collection of same, as such ordinances now exist and as from time to time are amended. Currently policy states if payment falls into the 90 day catagory, disconnection is possible.

The undersigned further agrees that this agreement shall remain in effect and shall be binding until termination of services and the undersigned agrees to pay for all services until the final reading of water meter.

The undersigned further agrees to provide payment of a \$125.00 for a 18 month refundable deposit for city services at the time of this application. If bill is kept current for 18 consecutive months, deposit is credited to your account at that time.

Signature _____ Date _____