

MAY VALLEY WATER ASSOCIATION
SERVICE APPLICATION

First Name _____ **Last Name** _____

Spouse's First Name _____

Address for Service _____

Mailing Address _____

Telephone _____

If Renting, Owner's Name and Address _____

Date of Occupancy _____

Email Address (Please provide your email address if you would like to receive your bill in electronic form.) _____

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To Be Completed by May Valley Water Association

Reconnect Fee Required Yes _____ - Meter is Disconnected
No _____ - Meter is Connected

Account # _____

Certificate # _____