

Application for Water Service at Rural Water District #8  
This Institution is an Equal Opportunity Provider and Employer

Please Print

Circle One: Member or Renter

Date \_\_\_\_\_

Name \_\_\_\_\_

Address where you will receive your monthly stmt:

\_\_\_\_\_

Telephone \_\_\_\_\_

Work/Cell \_\_\_\_\_

Work/Cell \_\_\_\_\_

E-mail address \_\_\_\_\_ @ \_\_\_\_\_

Receive monthly stmt by e-mail? \_\_\_\_\_ yes \_\_\_\_\_ no

Contact name of someone not living with you \_\_\_\_\_

Telephone \_\_\_\_\_

Photo ID Number \_\_\_\_\_

I am requesting service at:

Addition \_\_\_\_\_ Block# \_\_\_\_\_ Lot# \_\_\_\_\_

I agree to remit payment for water service upon the receipt of each monthly statement. I understand I am responsible for the water payment whether I receive the monthly statement or not. I understand failure to remit payment will risk the discontinuation of water service.

I understand this water application is for one water meter which services one residence or business as described in the By-Laws of RWD#8.

I have been given a copy of the By-Laws of RWD#8.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Use Only

BU # \_\_\_\_\_

Date of Installation \_\_\_\_\_

Circle One: Transfer or New Benefit Unit

\_\_\_\_\_  
Customer Service Representative Signature