

New Customer Request

Account Number:		Date:
Service Address:		Zip:
Name:		
Mailing Address (If different):		Zip:
Phone 1:	_ Can this # receive texts:	
Phone 2:	_ Can this # receive texts:	
Email:	Would you like to be a paperles	ss customer:
Owner: Renter:		Deposit:

Emergency Contact Info:

How would you like to be notified based on type of notification? (Mark all that would apply)

	Phone 1 Voice	Phone 2 Voice	Phone 1 Text	Phone 2 Text	Email	No Notification Desired
Billing Notifications						
Shut Off/ Delinquent Notices						
Emergency Water Interruptions						
Water Advisories						

I, the undersigned, agree that I am responsible for the water/sewer bill for the above stated address in Birch Run Township. I agree to abide by all the rules and regulations of said Water System from the date of this article until I notify the Birch Run Water Supply System that I have moved. I understand that notification must be done in writing and the Birch Run Water Supply System must have at least two days notification.

Signature: