

TWO MEDICINE WATER APPLICATION

BUSINESS NAME: _____

CUSTOMER NAME: _____ **DOB:** _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

Check box

PROPERTY OWNER INFORMATION:

BLACKFEET HOUSING UNIT

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

APPLICANT AGREEMENT:

I will pay all applicable rates and charges for water, sewerage and trash charges as established from time to time by Two Medicine Water Co.

I understand and agree that payment of rates and charges must be paid by the due date shown on the bill.

will not allow any person other than an authorized representative of TMWC to connect or reconnect service

I understand that the property owner is responsible for the water service line from the water meter to the curbstop (turn-on/turn-off valve) near the sidewalk. TMWC is responsible for the portion from the street curb to the water main.

SIGNATURE _____ **DATE:** _____ .