



FOR OFFICE USE ONLY:

Account #: _____

Start Date: _____ S/O: _____

End Date: _____ S/O: _____

TEMPORARY WATER SERVICE APPLICATION

Sanitation Service is **NOT included.*

Service Address: _____

Owner/Property Manager Name: _____

Mailing Address: _____

Daytime Phone #: _____ Email: _____

_____ 2 Week Service- \$20.00 *(Includes up to 3,000 gallons. Overages will be billed to the person listed above)*

_____ 4 Week Service- \$40.00 *(Includes up to 5,000 gallons. Overages will be billed to the person listed above)*

Has the City of Del City issued a New Residential or Remodel Permit for this location? **YES** or **NO**

**If you answered yes to the above question, you are eligible for 180-day Construction Water. Please provide a copy of your permit to the Utility Billing Office.*

PLEASE INITIAL AND SIGN BELOW AS ACKNOWLEDGEMENT OF UNDERSTANDING:

_____ I understand that this service is for cleanup/minor remodeling purposes only.

_____ I understand that if at any point it is discovered that this property is occupied while on temporary service, this service will be revoked, and I may be subject to criminal citation(s) from the City of Del City.

_____ I understand that someone over the age of 18 must be at the service address for water to be turned on. If there is nobody at the address, I will be required to call and reschedule, and this could affect my length of service.

_____ I understand that only employees of the City of Del City are authorized to turn water on and the meter box is required to always remain closed.

Signature: _____ **Date:** _____