



UTILITY BILLING

OFFICE USE ONLY

ACCOUNT # _____

START DATE _____ s/o _____

END DATE _____ s/o _____

TEMPORARY WATER SERVICE APPLICATION

SERVICES WILL BE ESTABLISHED MONDAY-THURSDAY 7:30AM-4:30PM AND FRIDAY 7:30AM-10:30AM

SERVICE ADDRESS _____

OWNER/PROPERTY MANAGER NAME _____

MAILING ADDRESS _____

DAYTIME PHONE _____ EMAIL _____

_____ **\$20: 2 WEEK SERVICE = UP TO 3,000 GALLONS** (OVERAGES WILL BE BILLED)

_____ **\$40: 4 WEEK SERVICE = UP TO 5,000 GALLONS** (OVERAGES WILL BE BILLED)

Has the City of Del City issued a **New Residential** or **Remodel Permit** for this location? YES OR NO
(Circle one)

PLEASE INITIAL AND SIGN BELOW AS ACKNOWLEDGEMENT OF UNDERSTANDING

_____ I understand that this service is for cleanup and/or 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.

_____ An adult (18 or older) must be present at the time water is turned on. If no adult present, this could result in a delay of service until the following business day.

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

SIGNATURE

DATE