ACCOUNT #

WATER HAULER REGISTRATION FORM

Today's Date: _____

Applicant's Name: _____

Billing Address:_____

_____

Phone Number: _____

Email:_____

Capacity of Tank (Gallons): _____

The undersigned hereby applies to haul water from the Village of Watkins Glen Water Treatment Plant and hereby agrees to observe all regulations set forth by the Trustees of the Village of Watkins Glen relative to the use of said facility and to pay the established rates thereof. It is understood that the applicant assumes responsibility for bills rendered for said services commencing with the effective date of this application and continuing in force until submission of a signed termination notice, at which time responsibility will cease upon the effective date of termination.

Social Security #: _____
or
Federal ID #: _____

_____

Applicant's Signature