RURAL WATER CUSTOMER INFORMATION

Date:			
Name:			
Mailing address:			-
Phone number:			-
Email address:			-
Address for water	service (home	e, lot, cabin):	
			-
Please circle:	Year-Round	Seasonal Not Applic	able
Contractor digging	g in water serv	rice:	
Do you prefer auto	omatic bank p	payment from checking a	account: Yes or No
If yes, please requ	uest an ACH fo	orm and return to Garriso	on Rural Water District
Would you like to	receive your b	oill through email? Yes	or No
OFFICE USE ONLY Connection Fee: Membership Fee: \$100.00		Date Received from Member	
Base Rate: Rate Code: 01 - \$8		Date Approved by GRWD Boar	d
Route: Account #: Entered BM:		Board Mer	nber Signature
Initials:		_ 5a/ao.	3