

City of Center Hill  
New Account Form

Please Print

Date: \_\_\_\_\_

Account Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers License #: \_\_\_\_\_

WATER BILLS ARE DUE THE 15TH OF EACH MONTH. ALL BILLS THAT ARE NOT PAID BY 5:00PM ON THE DUE DATE WILL BE CHARGED A \$10.00 LATE FEE. YOU WILL HAVE (5) DAYS FROM THE 15TH TO PAY YOUR BILL, AFTER THE 5TH DAY YOUR WATER SERVICE WILL BE DISCONNECTED AND A RECONNECT FEE IN THE AMOUNT OF \$35.00 WILL BE ASSESSED. ALSO ANY WATER NEEDING TO BE TURNED BACK ON AFTER WORKING HOURS WILL BE ASSESSED A \$26.00 FEE ABOVE THE NORMAL BALANCE DUE. NO EXCEPTION WILL BE MADE.

I HAVE READ, AND DO UNDERSTAND, CENTER HILL'S WATER POLICY REGARDING DELINQUENT ACCOUNTS.

\_\_\_\_\_  
Signature

FOR OFFICE USE ONLY:

Acct # \_\_\_\_\_

Beginning Meter Reading: \_\_\_\_\_

Rcpt #: \_\_\_\_\_

Final Meter Reading: \_\_\_\_\_

Deposit Amt: \$125.00

Refund Amount: \_\_\_\_\_

Non Rfnd Dep: \$20.00

Check # \_\_\_\_\_

Total: \$145.00

Cash or Check #: \_\_\_\_\_