VILLAGE OF EAGLE NEST WATER/ WASTEWATER
SERVICE REQUEST/ CHANGE ORDER

DATE

DEPOSIT

RECEIPT

NAME:

MAILING ADDRESS:

OWNER _____ RENTER _____

SPouse: __________________________ PHONE: __________________________

EMPLOYER __________________________ WORK PHONE: __________________________

NAME OF NEAREST RELATIVE __________________________

NEAREST RELATIVE ADDRESS __________________________

PHONE: __________________________ RELATIONSHIP: __________________________

SERVICES COMMERCIAL _____ RESIDENTIAL _____ WATER/SEWER _____ SANITATION _____

SERVICE DATE

CUSTOMER SIGNATURE __________________________

DATE __________

Applicant agrees to pay applicable rates related to general metered service, disconnect and reconnect charges

Rev 1/22/2021