VAIL WATER COMPANY

Account Number:	



HYDRANT METER SERVICE AGREEMENT

Service request must be submitted before 2:30 p.m. Monday-Friday for next business day service, excluding major holidays.

Date of Application:	Requested Start D	oate:	Construction				
SERVICE ADDRESS OR CROSS	STREETS						
Street:			City:		ST:	Zip:	
APPLICANT INFO:							
Business Name:			Contact				
E-mail:			Phone #:				
MAILING ADDRESS: (If different	nt from service address)						
Street:			City:		ST:	Zip:	
BACKFLOW NEEDED: PLEASE (СНЕСК ВОХ						
Yes			No				
I/WE HEREBY APPLY FOR SERVICE AT THE AE COMPANY AS DETERMINED BY THE ARIZONA	OVE REFERENCED SERVICE ADDRESS		ABIDE BY ALL THE RU				
Establishment Fee \$25.00 Deposit (First time customer) \$500.00 (subject to change)			Establishment Fee (Non-Refundable) Deposit (Applied to Final Bill)				
BY SIGNING THIS AGREEMENT I/WE ACC SYSTEM ON CUSTOMER SIDE OF METER.	EPT FULL RESPONSIBILITY AND REL	LEASE VAIL WA	TER ANY LIABILITY	FOR DAMAGES DUE TO O	PEN OR DI	EFECTIVE WATER	
Applicant Signature	plicant Signature Date						