

## CITY OF WEST WENDOVER

P.O. Box 2825, West Wendover, Nevada 89883 Office: (775) 664-3081 Fax: (775) 664-3720

## HYDRANT METER WATER ACCOUNT

(BUSINESS) NAME:		
		DATE SERVICE
COMPANY REPRESENTATIVE:_		REQUESTED:
MAILING ADDRESS:	(	CITY:
STATE: ZIP COL	DE:TELEPHOI	NE:
TAX I.D. NUMBER OR SS#:		ONTACT PERSON:
LOCATION HYDRANT WILL BE	USED:	
******	******	******
	NEW ACCOUNT FEE SCH	<u>IEDULE</u>
PROCESSING FEE - \$15.00	WATER D	EPOSIT - \$500.00
TOTAL	FEES & DEPOSITS \$	
RECEIVED BY	DATE REC	CEIVED
********	******	******
	MONTHLY CHARGE	:S
·	25.00-WATER UP TO 8,000 (	
•	\$6.58-PER THOUSAND OVER	R 8,000
* <u>DEPOSIT REFUND INFORMATION:</u> \$50 has been paid. Any past due account with pe	•	d after the meter has been returned and final bill presence of this deposit.
		s at the rate of 10% for the first month and an alties must be paid to the City before reinstating
* <u>RETURN CHECK POLICY:</u> Any returned ch There will be a fee of \$20.00 for each return		with cash, money order or cashier's check only.
*By signing this application, applicant agree adopted by the City Council in a regular Ci		regulations, including any future amendments her agrees to pay utility bills promptly.
*ALL APPLICATIONS RECEIVED AFTER 3	3:00 PM WILL BE FORWARDED TO	O THE NEXT BUSINESS DAY
"The City of	f West Wendover is an Equal Opp	ortunity Provider"
Applicant Signature	Title	Date