



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

IRRIGATION WATER ACCOUNT

BUSINESS NAME: _____

COMPANY REPRESENTATIVE: _____ DATE SERVICE REQUESTED: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP CODE: _____ TELEPHONE: _____

TAX I.D. NUMBER: _____ CONTACT PERSON: _____

LOCATION TO BE SERVED: _____

NEW ACCOUNT FEE SCHEDULE

PROCESSING FEE - \$20.00 _____ WATER DEPOSIT - \$100.00 _____

TOTAL FEES & DEPOSITS \$ _____

RECEIVED BY _____ DATE RECEIVED _____

MONTHLY CHARGES

\$18.00-WATER UP TO 8,000 GALLONS
\$3.63-PER THOUSAND OVER 8,000

***DEPOSIT REFUND INFORMATION:** \$100.00 water deposit will be refunded after twelve months or after final termination billing has been paid. Any payment that is late will result in the loss of this deposit.

***PENALTY INFORMATION:** Penalties will be assessed on all past due accounts at the rate of 10% for the first month and an additional 1.5% per month thereafter. A reconnection charge of \$25.00 and penalties must be paid to the City before reinstating service, following a disconnection

***RETURN CHECK POLICY:** Any returned check must be reimbursed to the City with cash, money order or cashier's check only. There will be a fee of \$20.00 for each returned check.

*By signing this application, applicant agrees to comply with the City utility regulations, including any future amendments adopted by the City Council in a regular City Council Meeting. Applicant further agrees to pay utility bills promptly.

*ALL APPLICATIONS RECEIVED AFTER 3:00 PM WILL BE FORWARDED TO THE NEXT BUSINESS DAY

"The City of West Wendover is an Equal Opportunity Provider"

Applicant Signature _____ Title _____ Date _____