



Application for Utility Services

APPLICANT _____ SS# _____
LAST NAME/COMPANY FIRST MIDDLE I.

Mailing Address _____

Telephone: Home _____ Employer _____ Phone _____

Spouse's Name _____ SS# _____ Employer _____

Former Address _____

Have you ever had service with us before? _____ Where? _____
Under what name? _____

Emergency Notification: Name _____ Phone _____

Water Utility bill may be paid by Automatic Transfers from your bank account. If you would like to receive this service, please
list BANK NAME _____ ROUTING # _____ ACCOUNT# _____

Federal I.D. _____ Kentucky State Sales Tax Exemption/
Resale Certificate Number _____

I hereby make application for and authorize Winchester Municipal Utilities to provide applicable services requested at
the following addresses. I agree to abide by all rules and regulations of Winchester Municipal Utilities. I hereby certify
that I am at least 18 years of age. I agree that I will be responsible and liable for all charges against these accounts,
including fees by collection agencies on delinquent accounts, and will make payment of all amounts due on or before due
dates. I understand that false or misleading information will be just cause for discontinuance of utility service.

_____ CUSTOMER AUTHORIZED WMU SIGNATURE

ACCOUNT# _____ DATE _____
SERVICE ADDRESS _____
MAILING ADDRESS _____
SERVICE START DATE _____ OWN/RENT/LAND CONTRACT
LANDLORD'S NAME _____

OFFICE USE ONLY
LOT NO. _____ SERVICE NO. _____
DEPOSIT: TRANS. FROM
AMT. PD. \$ _____ ACCOUNT: _____
OWNER'S AGREE. _____
TAP FEES:
WATER \$ _____ SEWER \$ _____
W.O.# _____

THIS APPLICATION IS FOR:
RESIDENTIAL SINGLE _____ MULTIPLE _____ NUMBER OF UNITS _____
COMMERCIAL SINGLE _____ MULTIPLE _____ NUMBER OF UNITS _____ TYPE OF BUSINESS _____
SPECIAL COMMERCIAL (HOTEL, MOTEL, HOSPITAL, NURSING HOME, EDUCATIONAL BUILDING ONLY)
INDUSTRIAL -TYPE OF INDUSTRY _____

SERVICE TERMINATION DATE _____ DISCONNECT FEE _____
CUSTOMER SIGNATURE _____ DATE _____ TRANSFER TO ACCT. _____
MAILING ADDRESS _____ REFUND _____
CITY _____ STATE _____ ZIP _____ W.O.# _____

ACCOUNT# _____ DATE _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

SERVICE START DATE _____ OWN/RENT/LAND CONTRACT

LANDLORD'S NAME _____

THIS APPLICATION IS FOR:

___ RESIDENTIAL SINGLE ___ MULTIPLE ___ NUMBER OF UNITS ___
___ COMMERCIAL SINGLE ___ MULTIPLE ___ NUMBER OF UNITS ___ TYPE OF BUSINESS _____
___ SPECIAL COMMERCIAL (HOTEL, MOTEL, HOSPITAL, NURSING HOME, EDUCATIONAL BUILDING ONLY)
___ INDUSTRIAL -TYPE OF INDUSTRY _____

SERVICE TERMINATION DATE _____

DISCONNECT FEE _____

CUSTOMER SIGNATURE _____ DATE _____ TRANSFER TO ACCT. _____

MAILING ADDRESS _____ REFUND _____

CITY _____ STATE _____ ZIP _____ W.O. # _____

OFFICE USE ONLY	
LOT NO. _____	SERVICE NO. _____
DEPOSIT: _____	TRANS. FROM _____
AMT. PD. \$ _____	ACCOUNT: _____
OWNER'S AGREE. _____	
TAP FEES:	
WATER \$ _____	SEWER \$ _____
W.O.# _____	

ACCOUNT# _____ DATE _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

SERVICE START DATE _____ OWN/RENT/LAND CONTRACT

LANDLORD'S NAME _____

THIS APPLICATION IS FOR:

___ RESIDENTIAL SINGLE ___ MULTIPLE ___ NUMBER OF UNITS ___
___ COMMERCIAL SINGLE ___ MULTIPLE ___ NUMBER OF UNITS ___ TYPE OF BUSINESS _____
___ SPECIAL COMMERCIAL (HOTEL, MOTEL, HOSPITAL, NURSING HOME, EDUCATIONAL BUILDING ONLY)
___ INDUSTRIAL -TYPE OF INDUSTRY _____

SERVICE TERMINATION DATE _____

DISCONNECT FEE _____

CUSTOMER SIGNATURE _____ DATE _____ TRANSFER TO ACCT. _____

MAILING ADDRESS _____ REFUND _____

CITY _____ STATE _____ ZIP _____ W.O. # _____

OFFICE USE ONLY	
LOT NO. _____	SERVICE NO. _____
DEPOSIT: _____	TRANS. FROM _____
AMT. PD. \$ _____	ACCOUNT: _____
OWNER'S AGREE. _____	
TAP FEES:	
WATER \$ _____	SEWER \$ _____
W.O.# _____	

ACCOUNT# _____ DATE _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

SERVICE START DATE _____ OWN/RENT/LAND CONTRACT

LANDLORD'S NAME _____

THIS APPLICATION IS FOR:

___ RESIDENTIAL SINGLE ___ MULTIPLE ___ NUMBER OF UNITS ___
___ COMMERCIAL SINGLE ___ MULTIPLE ___ NUMBER OF UNITS ___ TYPE OF BUSINESS _____
___ SPECIAL COMMERCIAL (HOTEL, MOTEL, HOSPITAL, NURSING HOME, EDUCATIONAL BUILDING ONLY)
___ INDUSTRIAL -TYPE OF INDUSTRY _____

SERVICE TERMINATION DATE _____

DISCONNECT FEE _____

CUSTOMER SIGNATURE _____ DATE _____ TRANSFER TO ACCT. _____

MAILING ADDRESS _____ REFUND _____

CITY _____ STATE _____ ZIP _____ W.O. # _____

OFFICE USE ONLY	
LOT NO. _____	SERVICE NO. _____
DEPOSIT: _____	TRANS. FROM _____
AMT. PD. \$ _____	ACCOUNT: _____
OWNER'S AGREE. _____	
TAP FEES:	
WATER \$ _____	SEWER \$ _____
W.O.# _____	