



City of Oronoco
Water & Sewer Service

✓ I/We agree to supply the City Clerk's office with my forwarding address and the final payment within 10 days of the date of the last bill.

✓ I/We understand that payment for water service is required in FULL by the due date of each month. I/We also understand that my service may be disconnected for non-payment after disconnection notice. I/We also agree to pay a \$100.00 reconnect fee if my water service is disconnected.

Service type: **Connect / Disconnect**

Today's Date: _____ Date Service is requested: _____

Full Name: _____

Address for Water Service: _____

Mailing Address: _____

Phone#: _____

Email(s): _____

No. of Persons in household: _____ Heat Source: _____

If rental; Landlord Full Name: _____

Landlord address: _____

Phone and Email: _____



Signature: _____ Date: _____

Office Use Only

Service Start / End Date: _____ (If ending) Final Bill: \$ _____

Beginning / Ending Reading: _____ Meter ID #: _____

Account #: _____ Notes: _____