



1540 Popelka Drive, Billings MT 59105

Phone: (406) 252-0539

Email: suzie@heightswaterdistrict.com; jenn@heightswaterdistrict.com

Application for Service

The undersigned hereby requests to be supplied with water by the County Water District of Billings Heights at the address indicated below.

- I agree to claim no damage on account of the stoppage of the flow of water if caused by accident or, if necessary, to make alterations, repairs or improvements, and I agree to keep all plumbing and fixtures on my premises in repair, and to stop leaks promptly.
- I agree to pay for water used at the rates and charges established by the District. I agree to pay my water bill by due date as stated on the monthly bill. I agree to pay all litigation costs incurred by the District if legal means are required to collect an outstanding water bill. I agree to allow any representative of the District to read, inspect and service the meter on the premises on any date between the hours of 8:00 A.M. and 4:30 P.M. except on Saturday or Sunday.
- If the District considers it necessary to ration or restrict the use of water during any hour or period of time, I agree to comply with any and all such rationing and restrictions.
- For failure to comply with this Agreement, or any part thereof, the District may, in addition to other remedies, elect to shut off the supply of water to the premises after ten (10) days written notice.

The District may require, as a condition of continued or initial water service, an approved backflow prevention device, an approved pressure reducing device, or any other similar device the District deems necessary to protect its water services and facilities; and its customers' facilities. The customer shall be responsible for the purchase, installation, testing, operation and maintenance of any, and all such devices.

Applicant's Signature

Print Name

Service Address

Mailing Address

Applicant's Employer

Co-Applicant's Name

Applicant's Last Four Digits of SSN

Co-Applicant's Employer

Owner/Renter?

Home/Cell Phone

Work Phone

Landlord's Name

Start Date

Account No.

Email address for email bills