

City of Walton  
P.O. BOX 95  
40 N. Main St. Walton, KY 41094  
PH: 859-485-4383 Fax: 859-485-9710 [www.cityofwalton.org](http://www.cityofwalton.org)

**HOME OWNER/TENANT**

Service Begin Date: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
Billing Address (if different than service address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Applicant's Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_  
Swimming Pool: Yes \_\_\_\_\_ No \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_  
Signature: \_\_\_\_\_

**BUILDER/COMMERCIAL**

Service Begin Date: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
Service Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Billing Address (if different than service address): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_  
Applicant's Driver's License #: \_\_\_\_\_ Email: \_\_\_\_\_  
Swimming Pool: Yes \_\_\_\_\_ No \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_  
Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Waterworks

Service Deposit: \$ \_\_\_\_\_  
Water Tap: \$ \_\_\_\_\_  
Meter Installation: \$ \_\_\_\_\_

Sewer

Sewer Charge: \$ \_\_\_\_\_  
Sewer Tap: \$ \_\_\_\_\_  
Misc. Sewer: \$ \_\_\_\_\_

Total Paid \$ \_\_\_\_\_ Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_

Clerk: \_\_\_\_\_ Reading Date: \_\_\_\_\_ Read: \_\_\_\_\_ Account #: \_\_\_\_\_