

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

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 #: _____