City of Walton P.O. BOX 95

40 N. Main St. Walton, KY 41094

PH: 859-485-4383 Fax: 859-485-9710 <u>www.cityofwalton.org</u>

HOME OWNER/TENANT					
Service Begin Date:		Name on Account:			
Service Address:					
Billing Address (if different	than service ad	ldress):			
City:		State:		Zip:	
Primary Phone #:					
Applicant's Driver's License	#:				
Swimming Pool: Yes				Own:	
Signature:					
BUILDER/COMMERCIAL					
DOILDLIN COMMERCIAL					
Service Begin Date:		Name on Ac	count:	· .	
Service Address:		·			_
City:		State:		Zip:	a delector and relative deleterate deleterate del
Billing Address (if different	than service ac	ldress):		· .	
City:		State:		Zip:	
Primary Phone #:		Alternate Ph	none #:		
Applicant's Driver's License	#:	Ei	mail:		<u>.</u>
Swimming Pool: Yes	No	Re	ent:	Own:	
Signature:	M-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1				
OFFICE USE ONLY					
<u>Waterworks</u>		Sew	<u>/er</u>		
Service Deposit: \$		Sew	er Charge	: \$	
Water Tap: \$			Sewer Tap: \$		
Meter Installation: \$		Mise		\$	
Total Paid \$ C	ash \$	Check#			
Clerk: Reading	Date:	Read:		Account #:	