

VILLAGE OF BOTKINS

WATER & SEWAGE APPLICATION

Date Moving _____
Name _____
PO Box _____
Address _____
Phone # _____
Account # _____

Billing Address(if different)

PO Box _____
Address _____
City _____ Zip _____

Meter Reading

Home Owner _____ In _____
Renter _____ Out _____

Final Bill To:

Name _____
PO Box _____
Address _____
City _____

If House Sold To Whom:

Name _____
PO Box _____
Address _____
City _____

Comments: _____

