## Ramsey Water Company Inc 415 Highway 64 NW, PO Box 245

Ramsey, IN 47166-0245

PHONE (812) 347-2551 | FAX (812) 347-2589 | EMAIL ramseywater@ramseywater.com Office Hours 8:00 AM - 4:00 PM, Mon thru Fri

## APPLICATION FOR SERVICE

An Equal Opportunity Provider

Transfer of service please complete Section 1 only. New meter installation complete Sections 1 & 2. Please sign, date and return as soon as possible.

1.	Name (Primary applicant)	FIRST	M.I.		LAST			
	Name (Second applicant)							
2.	Service Address		M.I. LAST Subdivision					
					OT#		-	
	Home # ()	Cell ()_			,			
	I agree to be contacted by these means for information regarding my account: YES NO							
	Drivers Lic. #	# per	sons residing	Da	ate of Birth_	_\_	\	
	[ ] Owner of property	[ ] Renter/Le	ssee [	] Purchas	sing on Contr	ract or R	lent to Owr	
	State Highway Permit (Required) Yes [ ] No [ ]  Present Grade: Yes [ ] No [ ] (will you be changing the surface grade)  If No:inches above or below present grade  (circle direction of change)  (Once meter installation is complete, any alterations will be at member/customer expense)							
	Meter Size Requested: (Circle O							
	* I agree to sign all necessary papers required by the water company and to abide by all rules and regulations of the company.  Date							
	Application taken by		member/customer signature					