



Contact Person: \_\_\_\_\_

Name of Company: \_\_\_\_\_

Print Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone \_\_\_\_\_

City/State \_\_\_\_\_

Company Phone \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

*I / We agree that we have received a copy of the Water Depot Procedures and all needed instruction.*

*Signature releases the Springfield Water and Sewer Commission from any claims and all liability and losses for personal injury or property damage resulting from applicants use of the Water Depot. This form becomes the permit upon signature of both parties. This permit may be revoked at any time. Violation of any part of this agreement will result in the forfeit of any deposit. The permittee is liable for any damages to the Water Depot due to the use or improper operation of the water system.*

### Access Information

Access ID: \_\_\_\_\_

*Water consumption charges will be calculated using our current rates.*

Customer PIN: \_\_\_\_\_

*Additional fees will be determined by SWSC upon termination of the agreement. Intermediary changes / fees may be assessed at the discretion of SWSC subject to our usual terms.*

Driver's Name: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Load Capacity: \_\_\_\_\_

Application Fee: \_\_\_\_\_

One-Time Fee: \_\_\_\_\_

Total: \_\_\_\_\_

**Application Received By:** \_\_\_\_\_

Office Use Only

Employee Signature \_\_\_\_\_

Pay Conf # \_\_\_\_\_

Work Order # \_\_\_\_\_