Springfield
Water and Sewer
Commission

Water Depot Application

Note: Minimum 3 Business Days Required to Process

Contact Person:

_____
Print Name

_____
Contact Phone

_____
Applicant's Signature

Name of Company:

_____
Company Name

_____
Address

_____
City/State

_____
Company Phone

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 applicant's 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: _____

Customer PIN: _____

Driver's Name: _____

License Plate #: _____

Load Capacity: _____

Annual Application / Permit Fee: $100.00

Water consumption charges will be calculated using our current rates.

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.

Annual permits expire every June 30th Payment of $100 due before July 1st to continue.

Application Received By: Office Use Only

_____
Employee Signature

Payment Confirmation #_____

Work Order #_____

revised 2026