

# WIGWAM MUTUAL WATER COMPANY

P.O. Box 569, Fountain, Colorado 80817

Phone 719.638.0456 Customerservice@wigwammutualwatercompany.org

## Responsible Party Sign In Form

PRINT ALL INFORMATION EXCEPT SIGNATURE

### SERVICE ADDRESS:

<input type="text"/>	<input type="text"/>
ADDRESS NUMBER	STREET NAME OF SERVICE ADDRESS

### PROPERTY OWNER'S NAME AND MAILING ADDRESS:

<input type="text"/>	<input type="text"/>			
FIRST NAME OF PROPERTY OWNER	LAST NAME OF PROPERTY OWNER			
<input type="text"/>	<input type="text"/>	<input type="text"/>		
ADDRESS NUMBER	STREET NAME OF PROPERTY OWNER	APARTMENT NO.		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	HOME NUMBER	WORK NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMAIL ADDRESS		MOBILE NUMBER		OTHER

### EMPLOYER INFORMATION:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EMPLOYER NAME	STREET ADDRESS	CITY	STATE	ZIP

I, THE PROPERTY OWNER, PROMISE TO PAY WIGWAM MUTUAL WATER COMPANY, AND AM LIABLE FOR ALL AMOUNTS DUE FOR WATER SERVICE RECEIVED AT THE ABOVE STATED SERVICE ADDRESS, INCLUDING ANY FINANCE CHARGES, LATES FEES OR OTHER CHARGES DUE UNDER THE TERMS OF THE RULES, REGULATIONS, AND BYLAWS OF THE WIGWAM MUTUAL WATER COMPANY. I ALSO AGREE TO COMPLY WITH ALL TERMS AND CONDITIONS AS SET FORTH IN THE RULES, REGULATIONS, AND BYLAWS OF THE WIGHWAM MUTUAL WATER COMPANY, AS AMENDED FROM TIME TO TIME. IF YOU HAVE A RENTER AS STATED BELOW, YOU THE PROPERTY OWNER, MAY REQUEST FROM WIGWAM MUTUAL WATER COMPANY THAT A DUPLICATE OF THE MONTHLY WATER BILL BE SENT DIRECTLY TO THE RENTER. PROPERTY OWNER MUST FILL OUT A DUPLICATED WATER BILL REQUEST FORM THAT IS AVAILABLE ON THE WEB SITE AT WIGWAMMUTUALWATERCOMPANY.ORG.

**EFFECTIVE DATE OF SERVICE REQUESTED**

### BY SIGNING BELOW, I AGREE TO THE TERMS AND CONDITIONS OF THIS WATER SERVICE APPLICATION!

SIGNATURE RESPONSIBLE PARTY & PROPERTY OWNER

### RENTER INFORMATION:

<input type="text"/>	<input type="text"/>			
RENTER FIRST NAME	RENTER LAST NAME			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
STREET NUMBER	STREET NAME	CITY	STATE	ZIP
<input type="text"/>	<input type="text"/>	<input type="text"/>		
HOME NUMBER	WORK NUMBER	EMAIL		

FOR PROPERTY OWNERS AGREEMENT TO PAID FOR WATER SERVICE CHARGES ABOVE, RENTER AGREES TO REIMBURSE PROPERTY OWNER IN FULL WITHIN ALL BILLING PERIODS OR WILL BE SUBJECT TO WATER SERVICE TERMINATION AS DIRECTED BY PROPERTY OWNER AND/OR THE WIGWAM MUTUAL WATER COMPANY.

RENTER SIGNATURE

**INSTRUCTIONS: PROPERTY OWNER MUST SIGN APPLICATION FOR WATER SERVICE TO BE PROVIDE TO SERVICE ADDRESS. IF OWNER REQUIRES A DUPLICATE BILLING TO BE SENT TO RENTER, RENTER MUST ALSO SIGN THIS APPLICATION.**