

TUSCARORA WATER SERVICE

571 IDAHO STREET

ELKO, NV 89801

775-753-7073

APPLICATION FOR TUSCARORA WATER SERVICE

NAME: _____ LOCATION OF PREMISE FOR SERVICE
ADDRESS: _____ LOT(S) _____
CITY/STATE: _____ BLOCK _____
ZIP CODE: _____ DATE SERVICE REQUIRED _____

By signing this application, applicant agrees to observe any County regulations now or hereafter adopted related to the water service and to pay water bills promptly.

Monthly bills will be sent for the previous month's water service. Bills will be stamped "LATE" for accounts 60 days past due and a disconnect notice will be sent on accounts 90 days delinquent. All services will be terminated 15 days from notice of intent.

APPLICANT'S SIGNATURE _____ DATE _____

Connection Fee: \$ _____
Hook Up Charge \$ _____
Deposit \$ _____
TOTAL \$ _____

Amount Received \$ _____
By _____
Date Received _____