

**PLEASE RETURN TO:**

Elverson Water Company, Inc.  
26 E. Main Street, P.O. Box 20  
Elverson, PA 19520 Phone: 610-286-5115 Fax: 610-286-8954

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**Application for Water Service**

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Address to receive water service

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Date to start water service

\_\_\_\_\_  
Evening Telephone

\_\_\_\_\_  
Contractor installing your plumbing

Type of Use:  Residential  Commercial  Institutional  
 Industrial  Fire Protection

I, the Applicant, agree:

- to use water service only in accordance with Elverson Water Company's Rules and Regulations,
- to pay all Charges in accordance with Elverson Water Company's Schedule of Rates,
- to give Elverson Water Company at least 10 days notice of my desire to discontinue or transfer service.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
E.W.C. Approving Signature

\_\_\_\_\_  
Approval Date