ADDA A SECOND COMPANY COMPANY X Date _____ ∠ Name X Mailing Address _____ Service Address 'Care of' or Information Line (optional) ⊬City/State _____Zip ____ Telephone XSoc Sec #. Soc Sec # Drivers License # Drivers License # Route/Reading Book # Pump/Well # (optional) Meter Serial # (optional) Rate Code # ___Exclusions? ____Alt Garbage? \$ ____Fixed Charges\$ ___ Reading Sequence #_____ New/Last Meter Reading Account Starting Date Number of Days to Prorate (Optional) Amount of Deposit paid \$_____ Check#_ Date Deposit Paid Leave a Note?

Flag the Account ____ (Makes the Note above appear each time account is accessed)