

## **CITY OF MOUNT VERNON BULK WATER SET-UP**

Please Print Clearly – All info is required

NAME OF BUSINESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OTHER PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I understand that by using the City of Mount Vernon water, I am responsible for the bill. I understand that it is my responsibility to notify City Hall of any, and all, changes to my account such as updated addresses, name change, or phone number. I understand that someone must be at the location when the water is being pumped and the times are from 7:30 - 3:00 PM Monday - Friday. I understand that if I leave a balance, legal action will be taken against my business or myself.

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Signature

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Date

(By signing, you agree that all information above is correct and that you agree to the terms listed.)

Office Use:

Account number: \_\_\_\_\_