Milano Water Supply Corporation

P.O. Box 181 212 FM 3242

Milano, TX 76556

Phone: 512-455-2692 Fax: 512-455-3068

Email: water@milanowsc.com

**Reset Meter**

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account­­\_\_\_\_\_\_\_\_

Address of Meter Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return all highlighted items to the above address. **All** highlighted items and payment must be provided before application will be accepted. All forms must be completed in its entirety. Please note that the application packet is for one meter only and no more than one household or business may be connected to the meter.

Applications will not be accepted if any additions or deletions are made to any of the enclosed forms.

If you have any questions regarding the Application Packet, please contact the office at the above address.

|  |  |
| --- | --- |
| **Reset Meter Checklist**  \_\_\_\_Service Application and  Agreement (*5 pages*)  \_\_\_\_Copy of Recorded Deed (if needed)  (Deed that has been *recorded at the courthouse*)  \_\_\_\_Copy of Photo ID | **Optional Items Attached**  Authorization Agreement for Direct Payments  Confidentiality Agreement  (*cost is $5.00*)  Alternate Billing Agreement for Rental Accounts  *(You are responsible for any amounts due on this account if Renter fails to pay)* |

**Fees**

\_\_\_\_\_\_\_\_ Membership Fee

\_\_\_\_\_\_\_\_ Connection Fee

\_\_\_\_\_\_\_\_ Unpaid Balance if Applicable

\_\_\_\_\_\_\_\_ Confidentiality Fee (optional)

\_\_\_\_\_\_\_\_ Other Fee

\_\_\_\_\_\_\_\_ **Total Fees Due** (Please make payable to Milano Water Supply,)