Ramsey Water Company Inc 415 Highway 64 NW, PO Box 245

Ramsey, IN 47166-0245

PHONE (812) 347-2551 | FAX (812) 347-2589 | EMAIL ramseywater@ramseywater.com Office Hours 8:00 AM - 4:00 PM, Mon thru Fri

APPIACATION FOR SERVICE An Equal Opportunity Provider

Transfer of service please complete Section 1 only. New meter installation complete Sections 1 & 2. Please sign, date and return as soon as possible.

1.	Name (Primary applicant)	FIRST	M.I.		I A COE		
	Name (Second applicant)				LAST		
	Service Address				LAST Subdivision		
				I.	ОТ#		
	Home # ()	Cell ()		Email			
	I agree to be contacted by these means for information regarding my account: YES NO						
	Drivers Lic. #	# pe	rsons residing	Da	ate of Birth_	\	_\
	[] Owner of property	[] Renter/Le	essee	Purchas	sing on Con	tract or I	Rent to Own
	Present Grade: Yes [] No [] (will you be changing the surface grade) If No:inches above or below present grade (circle direction of change) (Once meter installation is complete, any alterations will be at member/customer expense)						
	Meter Size Requested: (Circle C				er expense) 4"		
	* I agree to sign all necessary paregulations of the company. Date	pers required by the					-
	Application taken by	member/customer signature plication taken by member/customer signature					