



**City of Columbia Falls
Water & Sewer Service - Account Application**

Account Number: _____

Today's Date: _____

Service Address: _____

Date of Service: _____

Name: _____ **Owner** **Tenant**

Mailing Address: _____

City, State, Zip: _____

Email Address: _____ **E-bills: Yes No**

Cell Phone: _____

Other Phone: _____

Number of People in Household: _____

Date Deposit Paid (if applicable): _____

Signature _____ **Date** _____

CITY USE ONLY BELOW THIS LINE

User Type: _____

Customer (Rate) Type: _____

Water Rate Code: _____ **Sewer Rate Code:** _____ **EDU:** _____

Meter Size: _____

Meter Location: _____

Meter ID: _____

Meter Brand: _____

MXU ID: _____ **B or C**

Date Meter Installed: _____

Date Reader Installed: _____

Curb Box Location: _____

Touch Pad (Remote Head) Location: _____

Built in UB _____ **Date** _____ **Verified** _____ **Date** _____