



5 N. Garden Ave. * P.O. Box 99 * Rock Island, WA 98850 * (509) 884-1261

APPLICATION FOR WATER/SEWER SERVICE

NAME _____ PHONE # _____

SPOUSE'S NAME _____ PHONE # _____

PHYSICAL ADDRESS _____

MAILING (if different) _____

NAME OF PROPERTY OWNER _____

ADDRESS _____

PHONE _____

I understand that I will be billed on the first of each month for charges incurred for water usage of the previous month and a \$7.50 late fee will be charged if payment is not received by the 20th of each month.

I understand that there is a one-time \$20.00 set-up fee will appear on my first bill.

**Payments can be made Online at WWW.Rockislandwa.gov,
in person, or in our drop box located outside city hall**

OCCUPANCY DATE: _____

SIGNATURE _____ **DATE** _____

Office use Only

1ST BILLING DATE _____ ACCOUNT # _____