

Decatur County Rural Water Corporation

Member Name: _____
Member Name 2: _____
Circle One: Owner/Renter
SSN: _____
DOB: _____
Service Location: _____
Billing Address: _____

Circle One: E-Statement or Printed Bill
E-mail address: _____
Contact through email: Yes or No
Cell Phone 1: _____
Text: Yes or NO
Cell Phone Carrier: _____
Cell Phone 2 & Name: _____
Text: Yes or NO
Cell Phone Carrier: _____

I/We acknowledge that the above information is correct.

FOR OFFICE USE:

Copy of Photo ID: _____
Membership/Tap Receipt No.: _____
Meter ID: _____
Transpondit No.: _____
Alert System: _____

Member's signature

Journal Entries:

Database: _____
Utility: _____
Account No.: _____

Member's signature

Comments: _____

w/o _____
DCRW initial _____ Date _____

"This institution is an equal opportunity provider."