

HOLLAND WATER DEPARTMENT

ACCOUNT APPLICATION

ACCOUNT # _____ PHONE # _____

DATE _____

CUSTOMER _____

PROPERTY OWNER: _____

Type of Building to be served: Residence _____ Business _____

Other _____

I hereby make application to the Holland Water District for water service for the premises described above and agree to abide by the Town of Holland Water Ordinances and any Rules and Regulations adopted thereunder.

Signed:
Property Owner or Tenant: _____

AMOUNT DUE: **\$30.00**

Received by _____ Date: _____

Please make payment to: HOLLAND WATER DISTRICT #1
47 PEARL STREET
PO BOX 36
HOLLAND, NEW YORK 14080