



DRAINAGE DEPOSIT

OPENING

EFFECTIVE DATE: _____

TAX ACCOUNT R/0000 _____

LONG : _____

CUSTOMER PORTION

NEW ACCOUNT # _____ (WE WILL PROVIDE) OWNER RENTER LANDLORD: _____

NAME: _____

ADDRESS: _____

PHONE NUMBERS: _____

DRIVERS LICENSE: _____ AND _____

EMAIL ADDRESS: _____

Please Note: No account will be approved or submitted to the ACC Board with out Deposit.

****The Drainage deposit is to ensure two things. *****

1. Correct Culvert sizes are installed.
2. Sewer Lines are installed and Inspected

Deposit Amount \$500.00

Once the Sewer Line is inspected and approved the Deposit will be returned.

OFFICE USE ONLY BELOW THIS LINE

MISC./CHARGE: **Drainage Deposit** \$ _____

CHECK NUMBER # _____

NOTES: *i.e: Builder/Owner* _____

CHANGE CHARGES TO: WATER (Y/N) SEWER (Y/N) TRASH (Y/N) CNVS (Y/N) REG FEE(Y/N)

ADD M AT MISC VFD AND YEAR 2900 (YES/NO)

SERVICE ADDRESS: _____

LEGAL DESCRIPTION: _____ WALK SEQ: _____

METER ID: _____ METER READ: _____

RATE NUMBER: _____ ROUTE NUMBER: _____

MAKE SURE TO CHECK BILL THIS UTILITY IS CHECKED



TAX ACCOUNT & ROLL

☐

SCAN & FILE SERVICE AGREEMENT

☐

ENTER AND FILE DIRECT DEBIT FORM

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Drainage Deposit Form

Account Number: _____

Customer/Builder Name: _____

Phone Number: _____

Property Address: _____

Inspection Details

Drainage Deposit Paid: \$500

Date Paid: _____ Work Order #: _____

Culvert Installed: ☐ Yes ☐ No

Culvert Size Verified: _____

Installation Meets Standards: ☐ Yes ☐ No

Inspection Date: _____

Notes:

Field Supervisor Signature: _____ Date: _____

Deposit Refunded:

Refund Rolled to Tap Fee: ☐ Yes ☐ No

Check Number: _____

Office Signature: _____ Date: _____