City of Ward

Ward Water/Sewer Advisory Committee Application

Resolution 2024-03

MUST BE A CUSTOMER IN GOOD STANDING ¹				
1. Name:				
2. Address:				
			Y	N
b. Address is not ins	ide the city limits of War	d or Cabot	Y	N
3. Contact Phone Number:				
4. Email Address:				
Signature	D	ate		
	OFFICE USE ONLY			
Date/Time Received:	OFFICE USE ONLY		_	
Date/Time Received: Received By (initials):			-	
•				Other
Received By (initials):				Other

¹ A Ward Water customer for at least 3 years and no disconnects for non-payment during the previous 12-months