



APPLICATION FOR SERVICE
HARDIN COUNTY WATER DISTRICT NO. 1

1400 Rogersville Road, Radcliff, KY 40160
Phone: 270.351.3222 | FAX: 270.351.3420 | hcwd.com
Automated Payment System: 1.877.471.8011

Email Application to customerservice@hcwd.com

(HCWD1 Use Only)
Customer Acct. #
Work Order #
Parcel #
Meter #

TYPE OF APPLICATION: [] New Customer | [] New Account | [] Existing Building & Tap

NEW TAP: [] Water | [] Sewer | [] New Building (Requires Plumbing Permit)

NEW TAP: [] Water | [] Sewer | [] Existing Building (Replacing well, cistern or septic tank—Requires plumbing permit)

APPLICANT NAME: _____
(FULL NAME – FIRST, MIDDLE INITIAL, LAST)

SERVICE ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

AUTHORIZED PERSON TO RELEASE ACCOUNT INFORMATION: _____

SOCIAL SECURITY NUMBER OF AUTHORIZED PERSON: _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): _____

CITY: _____ STATE: _____ ZIP: _____

SERVICE START DATE: _____ Same day service if before 2:00 pm
(Does not apply for new water tap)

CHECK TYPE OF ACCOUNT: [] Property Lesser (provide copy of lease) [] Property Owner
[] Single Family Residential / Owner = Resident [] Single Family Residential / Rental Property
[] Multi-Family (Duplex, Apartment) [] Mobile Home (Master Meter for new parks only)
[] Commercial / Industrial [] Agricultural (Non-Person Occupied Building)

[] I authorize and instruct Hardin County Water District No. 1 to run a credit check to determine my credit worthiness for a waiver of the deposit. I will provide proof of identity by submitting a photo identification.

NEW TAP CUSTOMERS ONLY > DESCRIBE CLOSEST INTERSECTION & WHICH BUILDING THE TAP WILL BE INSTALLED AT:

Does property front on main road? [] Yes [] No _____

NEW WATER TAP METER SIZE: [] 5/8 X 3/4 INCH [] 1 INCH [] 1.5 INCH OR LARGER (Actual cost of installation)
(Skip if not new water tap) Total Amount Due (filled in by HCWD1): \$ _____ Plumbing Permit # _____

SEWER CONNECTION: Plumbing Permit # _____ Total Amount Due (filled in by HCWD1): \$ _____
(Skip if not sewer connection) Installed by: _____ Phone: _____

SIGNATURE AND AGREEMENT: PLEASE READ CAREFULLY

By signing below, I am agreeing that I have provided the correct information about myself and the service address, and that important information about billing dates, due dates, turn off dates, rates and charges have been explained to me as well as charges required to pay for a new water tap and open a new account for service.

The District has made available in their lobby a copy to see and read of the District's current tariff which includes all the current rates, charges and billing policies and rules. I have also been told whether or not this address will require wastewater and storm water services, and that I will be responsible to pay the storm water charges billed for the City of Radcliff as well.

I also agree that if I am constructing a new building, that it is my responsibility to install all plumbing fixtures that are required by plumbing codes, which may include a hot water heater expansion tank. I also understand that it is my responsibility to install and maintain any pressure regulators to keep water pressure inside after the meter at an acceptable level. I agree that the District is not responsible for any property damages caused by faulty plumbing or erratic pressures on the District's water mains.

As a customer of the District's I agree to receive automated calls concerning account status, notices and/or advisories. I can unsubscribe to this service at any time by contacting Customer Service. I am aware by unsubscribing I will not receive any special notices or advisories and must rely on other published notification for this information.

I also give permission to District employees and sub-contractors to come on to my property as needed to install or repair a new meter and service, and to restore grass or landscaping disturbed during installation or repairs.

I agree that I or any member of my household whose debt was accumulated at my address will be responsible for all service used and payment of any charges and that I will notify the District if I should move away, and will be responsible for all charges at this address, until I notify the District that I have moved;

CUSTOMER SIGNATURE: _____ DATE: _____

PAYMENT METHOD (HCWD1 Use Only): [] CK [] MO [] CASH [] CREDIT CARD
[] Deposit [] SERVICE CHARGE [] CREDIT CHECK [] BILL SC