



TRIVIEW METROPOLITAN DISTRICT

174 N. Washington Street Suite C
P.O. Box 849
Monument, CO 80132-0849
(719) 488-6868 Fax: (719) 488-6565

NEW CUSTOMER AGREEMENT

Closing – Leasing Date: _____ Account Number _____

Name: _____

Service Address: _____

Mailing Address: _____

Phone Number: _____ Cell: _____

If Rental Home

Owner's Name: _____

I, THE UNDERSIGNED AGREE TO BE RESPONSIBLE FOR ALL CHARGES INCURRED ON THIS PROPERTY, INCLUDING THE FINAL BILL.

Triview Metropolitan District Representative

Customer

Landlord

PLEASE SUBMIT THIS FORM WITHIN 7 DAYS OR WATER WILL BE SHUT OFF.