

**Cougar Creek Water
Users Association**

PO Box 48
Coolin, ID 83821

425-422-3958

APPLICATION FOR NEW SERVICE

NAME (CUSTOMER):

DATE OF APPLICATION: _____

First Middle Initial Last

SERVICE START DATE: _____

Service Address _____

Apt _____

Membership Fee \$5,000.00

City, State, Zip _____

Email: _____

NUMBER OF RESIDENTS AT ADDRESS _____

Check box to select Primary Contact (Emergency Notification)

Home: _____ ☐

Mobile: _____ ☐

Work: _____ ☐

BILL TO INFORMATION:

Attention _____

Address _____

Apt _____

City, State, Zip _____

Home: _____

Mobile: _____

Work: _____ Fax: _____

Email: _____

PROPERTY OWNER INFORMATION:

Attention _____

Address _____

Apt _____

City, State, Zip _____

Home: _____

Mobile: _____

Work: _____ Fax: _____

Email: _____

SIGN UP FOR AUTO PAY ☐ Yes ☐ No

ENROLL IN PORTAL/E-BILLING ☐ Yes ☐ No

Usage of the Authority's water services subjects the applicant to the Authority's Rules and Regulations and current rate fees.

Applicant's Signature

Date

CCWUA Representative's Signature