

**WALKER COUNTY SPECIAL  
UTILITY DISTRICT  
TEMPORARY SERVICE AGREEMENT**

I, \_\_\_\_\_ understand that my water service located  
at \_\_\_\_\_ will be considered

Street                                      City                                      State                                      Zip

temporary service until I provide the following documents to the office of the district. I  
also understand that the district is allowing me (5) days to provide this information or my  
services will be discontinued without further notice and all pertinent fees will be applied.

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_Service Application & Agreement

\_\_\_Right of Way Easement/Warranty Deed

\_\_\_Certificate of Compliance

\_\_\_Other: \_\_\_\_\_

Account # \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Phone # \_\_\_\_\_

Due By \_\_\_\_\_

\_\_\_\_\_  
WCSUD Representative: