

CITY OF PETERSBURG



Rock Water Customer Form:

Company Name: _____

First Name _____ Middle Initial _____ Last Name _____

Street Address _____ Mailing Address _____

City _____ Zip Code _____

Home Phone/Cell Phone Number (required) _____ Work Number (required) _____

Form of Payment: Credit Card, Check, Cash

Card Number: _____ Expiration Date: _____ CVV: _____ Zip Code: _____

Check Number: _____

In making this request, I understand that a deposit of \$100 is due before the collection of water. I understand that the deposit is refundable if the fire hydrant is not damaged by purchaser during collection of water. If the fire hydrant is damaged during collection of water by purchaser the \$100 deposit will not be refunded to purchaser. If damages exceed \$100.00 purchaser will be billed for remainder of costs needed to repair hydrant. Purchaser will have 30 days to pay balance.

Signature

Date

Employee Signature

Date