

Consent for Northern Kentucky Water District and Sanitation District No. 1 to Contact Concerning Water, Sanitary Sewer and Stormwater Service

Check Preferred Option: (Check One Only)				
I authorize Northern Kentuck No. 1) and Sanitation District No. "Districts"), to contact me at the ph sewer, and/or stormwater service pro-	1, as well as their responent number indicated be	ective succestelow for any	ssors and a issues perta	ssigns (collectively, the aining to water, sanitary
Service Location Address:				
	City:		State:	Zip:
I authorize the Districts to contact text, regarding any of the services at				
Phone Number: ()	Check one:	Cell	Land L	ine
Specifically, I understand that this emergencies, planned maintenance issues pertaining to my Services, alt	outages, billing issues (in	ncluding pen	ding discon	nections), and any other
I choose not to be contacted communication.	ed by the Districts for i	ssues pertair	ning to my	Services via telephone
I understand that this may delay no (including pending disconnections),	_			e outages, billing issues
		·····	•••••••••••••••••••••••••••••••••••••••	
Signature:				
Printed Name:				
Date: / /				

Northern Kentucky Water District

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Effective Date: 8/29/2019