

WATER SERVICE APPLICATION

Service Address: _____

Mailing Address: _____
 (if different than service address)

City: _____ State: _____ Zip: _____

Own Rent Name of Landlord (if renting): _____ Phone: _____

SERVICE CONNECTIONS DONE TUESDAYS & THURSDAYS 2:00PM TO 4:00PM

Date you would like service to start:
 Tuesday _____ Thursday _____ Other _____

Would you like this account confidential? Yes No

Applicant Information

Name: _____		Date of Birth: _____
Driver License #: _____		SS#: _____
Home Phone: _____	Cell Phone: _____	Email: _____
Place of Employment: _____		Work Phone: _____

Co-Applicant Information

Name: _____		Date of Birth: _____
Driver License #: _____		SS#: _____
Home Phone: _____	Cell Phone: _____	Email: _____
Place of Employment: _____		Work Phone: _____

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

For Office Use Only		
ACCT #: _____	SEQ: _____	DEPOSIT: _____
METER #: _____	READ: _____	CHECK OR CASH: _____