

Application Form

Name: Last: _____ First: _____ Middle: _____

Other Occupants Residing At Address _____

Service Address: _____

Home Phone #: _____ Cell or Alternate Phone #: _____

Previous Address: _____

Service Start Date: _____ Final previous account? Y or N Date _____

I affirm that all statements made on this form are true and correct and that I have the authority to turn on water at this location.

Signature: _____

Rental Information

Owner/Landlord Name: _____

Owner/Landlord Phone #: _____

Identification Information

Social Security #: _____

Other ID Type: _____ Number: _____

Billing Address, If Different from Service Address

Name: _____

Street Address: _____

City: _____ State: _____ Zipcode+4: _____

FOR OFFICE USE ONLY

Account #: _____ Customer # _____ Customer Type: R

Taxable: Y or N Sewer Average: Y or N \$12.00 App. Fee Collected: Y or N

Deposit Collected: Y or N Amt: _____

App. Accepted by: _____ Entered By: _____ Date: _____

Work Order #: _____ Dial #: _____