

APPLICATION FOR WATER/SEWER SERVICE

Date _____

OFFICE USE ONLY:

Name of Applicant (first, middle, last)

DEPOSIT \$ _____

Check _____

Cash _____

Other _____

Street Address

P.O. Box #

Starting Date of Service

City State Zip Code

Meter Number

Home Phone Cell Phone

Previous Reading

Driver's License Number

Present Reading

Social Security Number

Order Taken By

Date of Birth Maiden Name

Copy _____

Folder _____

Cards _____

Rolodex _____

Computer _____

E-Mail Address

Employer's Name/Address/Telephone

Landlord's Name/Address/Telephone

Spouse/Other Occupant Over 18 / Date of Birth

Signature of Applicant