



RESIDENTIAL WATER APPLICATION

SERVICE ADDRESS: _____

LAST NAME: _____ FIRST NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____

WORK#: _____ BEST CONTACT#: _____

E-MAIL ADDRESS: _____

WATER BILL: MAIL E-MAIL MAIL/E-MAIL (please circle one)

DOB: _____ SS#: _____ DL#: _____

REFERENCE: _____

BEST CONTACT: _____ RELATION: _____

START DATE: _____

SIGNATURE: _____ DATE: _____

.....
FOR OFFICE USE ONLY

CONNECTION DATE: _____ BY: _____ READING: _____

ACCT#: _____ DEPOSIT: _____ RECEIPT#: _____

PROOF OF RESIDENCY: LEASE: Y/N _____ PURCHASE AGREEMENT: Y/N _____