

## **RESIDENTIAL WATER APPLICATION**

Application Date:	// Date Servi	ce Requested:	_//
Service Address:			<del></del>
Mailing Address (IF DIF	FERENT):		
Customer Name:			<del></del>
Driver's License #	State:	Social Secu	urity #
Date of Birth:	Phone #		Mobile #
Emergency contact: Phone #:			
Current Employer:			Work #
E-Mail Address:			
Water Bill:	MAIL	E-MAIL	MAIL/ E-MAIL
Is there a trash cart at t	his address? If yes, how n	nany? YES	NO
		-	al security number, driver's license number, phone number, or outside party, besides the City of Hutchins."
TO PAY THE WATER SERVICE	CHARGES AS THE BILLS COME I	DUE. ANY BILLS NOT PAIL	ATER, SEWER, DRAINAGE, SANITATION AND RECYCLING. I AGREE ND BY THE DUE DATE WILL BE SUBJECT TO PENALTY CHARGES WATER TO BE TURNED ON BY THE CITY OF HUTCHINS, SOMEONE
Applicant Signature:		Date: _	
FOR OFFICE USE ONLY			
CONNECTION DATE:	BY: _	RE	EADING:
ACCT#:	DEPOSIT:	F	RECEIPT#:
PROOF OF RESIDENCY:	LEASE: Y/NP	URCHASE AGREEME	ENT: Y/N
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Please return this application with a check or money order made payable to the City of Hutchins in the amount of \$75. Include a copy of the account holder's driver's license and a copy or your lease or house closing documents. You may submit these documents by mail, drop off at City Hall or place them in the drop box outside the front of City Hall in an envelope with your name and address clearly marked on the envelope. If you prefer, you can email your documents to Utilitybilling@cityofhutchins.org