



WATER SERVICE APPLICATION

Residential Account

Name Change Only

Date to Open Account: _____

Name: _____

Social Security# (last 4 digits): _____ Driver's License or ID: _____ State: _____

Date of Birth: _____ Home Phone: _____ Work Phone: _____

Email: _____

Spouse/Next of Kin: _____ Gender _____

Home Phone: _____ Work Phone: _____

Do you rent () or own () Landlord's Name: _____ Phone: _____

Service Address: _____

Mailing Address: _____

Water Deposit Amount: **\$150.00**

Commercial

Date to Open Account:

Name of Company or Business: _____

Legal Representative: _____

Social Security# (last 4 digits): _____ Driver's License or ID: _____ State: _____

Federal Tax Id#: _____ Phone Number: _____

Service Address: _____

Mailing Address: _____

PLEASE COMPLETE ALL FIELDS POSSIBLE TO AVOID DELAYS IN WATER SERVICE ACTIVATION.

BY AFFIXING MY SIGNATURE, I UNDERSTAND THAT THE CITY WILL NOT INITIATE WATER SERVICE ACTIVATION IF THE METER CLEARLY INDICATES WATER IS RUNNING AND I FURTHER ACKNOWLEDGE THAT MY PRESENCE IS REQUIRED AT THE TIME OF THE CONNECTION OF SERVICE. IF CONNECTION OF SERVICE IS NOT POSSIBLE DUE TO RUNNING WATER, I ACKNOWLEDGE THAT I SHALL BE RESPONSIBLE FOR PAYMENT OF THE RESCHEDULING CONNECTION AND THE ADDITIONAL \$25.00 SERVICE CALL FEE.

Do you wish your personal information to be confidential? Yes No

Applicant Signature

Date

I am at least 60 years of age and request the Late Penalty Exemption.

OFFICE USE ONLY

Deposit Amount/Receipt#:

Account#:

Input By:

C/O Paid: Yes No

C/O Approved:

Lease or Proof of Ownership: