



## 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: