



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: _____

I ACKNOWLEDGE THAT MY PRESENCE IS REQUIRED FOR CONNECTION OF SERVICE. IF CONNECTION OF SERVICE IS NOT POSSIBLE DUE TO RUNNING WATER, YOU MUST RESCHEDULE CONNECTION AND A \$25.00 SERVICE CALL FEE WILL APPLY. PLEASE COMPLETE ALL FIELDS POSSIBLE TO AVOID DELAYS IN WATER SERVICE ACTIVATION.

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: