



WATER SERVICE APPLICATION

NAME ON ACCOUNT _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

PRIMARY CONTACT NUMBER _____

CELL PHONE NUMBER _____

EMAIL ADDRESS _____

RESIDENTIAL: DRIVER'S LICENSE # _____

STATE WHERE ISSUED: _____

DATE OF APPLICATION: _____

SIGNATURE OF APPLICANT: _____

Office only

Deposit paid: _____

Admin fee: charged _____ paid _____

Date paid: _____

Own _____ Rental _____