



CUSTOMER SERVICE ACTIVITY
Water, Sewer, and/or Residential Refuse
Application for Service

Today's Date: _____

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE.

1. Name of person(s)/business responsible for receipt and payment for service: _____

Applicant's Previous Address _____

City/State/Zip _____ Social Security No. _____

Driver's License No. _____ State _____

New Home Phone No. _____ Cell Phone No. _____

Work Phone No. _____ Your Employer _____

2. Address where service is desired: _____

3. Date to begin service: _____

4. Billing Address: Street/P.O. Box _____
City/State/Zip _____

5. Your Name (if different from line 1) _____

6. Commercial Account: Yes No Tax ID No. _____

Type: Proprietorship Partnership Corporation

If company name is different than line 1:

Company Name _____

Company Address _____

City/State/Zip _____ Telephone _____

7. Residential Account: Yes No
 Own Rent

Landlord _____ Telephone _____

City/State/Zip _____

NOTE: Occupant attendance is required for water service connection unless indemnity waiver is signed.

Date to Begin Service: _____

I will be present: Yes No Waiver

IS WATER ON YES NO _____

Signature

****WE MUST RECEIVE A FAXED COPY OF YOUR DRIVER'S LICENSE TO PROCESS THIS WATER APPLICATION.**

OFFICE USE ONLY

Account No.: _____

Deposit Receipt No.: _____

Date Entered: _____ By: _____