

Application for Water and Sewer Service

Account Holder Information	
Primary Account Holder	
Name:	_____
Billing Address:	_____
Service Address:	_____
Home Phone:	_____
Work Phone:	_____
Social Security #:	_____
Driver's License #:	_____
Employer:	_____
Date to Start Service:	_____
Signature:	_____

Owner Information (If Leasing, Name of Lessor)	
Name:	_____
Address:	_____
Home Phone:	_____
Work Phone:	_____

OFFICE USE	
Location #:	_____
Meter #:	_____
Additional Notes:	_____

