

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: _____

