

APPLICATION FOR RESIDENTIAL WATER/SEWER SERVICE

| | DATE OF SE | RVICE REQUESTED: | | |
|--|----------------------------------|---|----------------------------------|--|
| SERVICE ADDRESS: | | | | |
| LAST NAME: | F | FIRST NAME: | | |
| DATE OF BIRTH: | SPOU | SPOUSE FIRST NAME: | | |
| DRIVER'S LICENSE # | (Requir | (Required: Present original photo ID at Utilities Office) | | |
| SS# | SPOUSE SS# | | | |
| HOME (PREFERRED CONTACT) P | | CELL PHONE: | | |
| MAILING ADDRESS:(IF DIFFERENT) | | | | |
| WHERE ARE YOU MOVING FROM?? | City | | State | |
| RENT OWN | TRASH(NEW BUILDS ONLY): | 96G 65G | | |
| If you are Renting please p | rovide the Name and Addr | ess of your Landlo | r <u>d:</u> | |
| LANDLORD: | | | | |
| ADDRESS: | | | | |
| HOW WOULD YOU LIKE TO RE PAPER STATEMENT | | EMENT: BOTH | | |
| EMAIL ADDRESS: | | | | |
| ************************************** | formation is true and correct ar | nd I hereby apply for w | vater/sewer service and agree to | |
| Signature | | Date | | |
| | OFFICE USE ON | L Y | | |
| SEWER OPTIONS: ACTUA WORK ORDER # | INITIALS | WINTER AVERAGE DATE/TIME | | |