

CUSTOMER SERVICE ORDER - WATER & SEWER

SERVICE NO. _____

NAME - LAST NAME FIRST _____

SPOUSE _____

ADDRESS _____

MAILING ADDRESS (NUMBER - STREET) _____

PLACE OF EMPLOYMENT _____

TELEPHONE _____

CITY / STATE / ZIP CODE _____

DATE OF BIRTH _____

DRIVER LICENSE NO. _____

EMAIL _____

CELL PHONE _____

PROPERTY OWNER (NAME - ADDRESS / CITY / STATE / ZIP CODE - PHONE) _____

PREVIOUS ACCT. # _____

MOVING FROM ADDRESS _____

CITY / STATE / ZIP CODE _____

NAME TO CONTACT IF UNABLE TO REACH APPLICANT _____

RELATIONSHIP _____

CITY / STATE / ZIP CODE _____

TELEPHONE _____

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I hereby authorize water service to be established in my name at this address and agree to pay for such service until terminated by my request.

Deposit No. _____

Deposit Guarantee \$ _____

Date _____

Roommate's Name (s) _____

Customer's Signature _____

CUSTOMER'S PRINTED NAME _____

I Hereby Guarantee Full Payment Of All Water & Sewer Bills For This Account

Full balance must be paid by co-signer when account holder has moved and left an unpaid balance or balance will be applied to co-signer's existing water account balance or property taxes.

Account Name _____

Account Address _____

Co-signer Name _____

Signature _____

Co-signer Address _____

Co-signer Phone Number _____

Water Department Witness _____