



WATER AND SEWER SERVICE APPLICATION

Connect Date: _____ Disconnect Date: _____

Account No.: _____ Confirmation No.: _____

Service Address: _____
(Street) (City) (State) Zip Code

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Applicant: _____ Co-Applicant: _____

Driver's License No.: _____ Driver's License No.: _____

Social Security No.: _____ Social Security No.: _____

Home/Cell No.: _____ Home/Cell No.: _____

Email Address: _____

Would you like your personal information kept confidential? Yes No

How would you like to receive your bill? Physical Email Both

OFFICE USE ONLY

Date: _____ Account Status: WAITING/CURRENT
CSI Date: _____ CSI S/O# _____
S/O No.: _____ Get Meter Read _____ Turn On/Off _____
Deposit: Rec'd: _____ Applied/Closed to Acct.: _____ Posted to Bank Log: _____
Transfer Fee Applied: _____ Transfer Fee Closed: _____
Service Agreement Rec'd: _____ Copy of Driver's License: _____
Proof of Ownership Rec'd: _____ E-Bill Notification/Email List: _____
On Date Changed: _____