



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: _____

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

Please indicate if applicant is homeowner or tenant: Owner Tenant

Would you like your personal information kept confidential? Yes No

OFFICE USE ONLY

Start Date: _____

Job Code: CSI TON REA

WO No.: _____

Deposit: _____

Payment Type: _____

Bank Log #: _____

Documents Received:

- Terms of service
- Customer Service form
- Service Agreement
- Proof of Ownership
- Copy of Driver's License