



End Water Service Application

Incomplete Applications Will Not Be Processed

Location Of Water Service				
*Service Address:				
**Effective Date:				
Customer Information:				
*Your Status:	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Agent	<input type="checkbox"/> Other:
Water Service for (Check One):	<input type="checkbox"/> Individual	<input type="checkbox"/> Business		
Property Occupied by (Check One):	<input type="checkbox"/> Owner	<input type="checkbox"/> Tenant		
Business Information:				
Company Name:				
*Taxpayer Identification Number:				
Contact Information				
*First:	M.I.	M.I.		
*Last:				
*Primary Phone Number:				
E-mail Address:				
Closing Bill Mailing Information				
*Name (as it should appear on bill)				
*Street Address or PO Box:				
*City, State & Zip Code:				

Applicant Signature: _____ Date Signed: _____

Co-Applicant Signature: _____ Date Signed: _____

*Indicates required information needed to process your water service application.

**Effective date must be within 7 days of date the application was received. A final bill will be generated based on the effective date.

For Office Use Only

Account No.: _____ Office Order No.: _____ Date: _____
Processed By: _____