



Account Number _____

Date Begin Service _____

Service Address _____

CUSTOMER INFORMATION

Customer Name _____ Additional Customer Name _____

Mailing Address _____ City _____ State _____ Zip _____

Social Security Number _____ Home Telephone _____

EMPLOYER INFORMATION

Name _____ Name _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone _____ Telephone _____

REFERENCES (Personal reference - can be relative)

Name _____ Telephone _____

Address _____ City _____ State _____ Zip _____

OWNERS INFORMATION

Owner Occupied Name _____ Telephone _____

Rental Address _____

City _____ State _____ Zip _____

I hereby certify that the above facts are true:

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY

Water Rate	Use Group	Taxable	Other Services	Initial Reading
<input type="checkbox"/> Inside City	<input type="checkbox"/> Residential	<input type="checkbox"/> Yes	<input type="checkbox"/> Sewer <input type="checkbox"/> Trash <input type="checkbox"/> Primacy	Reading _____
<input type="checkbox"/> Outside City	<input type="checkbox"/> Commercial	<input type="checkbox"/> No	_____ Polycart <input type="checkbox"/> DNR	Date Entered _____
TRASH PICKUP DAY _____			Deposit: \$ _____	Initials _____