

ACCT # \_\_\_\_\_

Customer Information

Customer Name: 1. \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_ DOB \_\_\_\_\_

Email: \_\_\_\_\_

(If operating as a company, please provide us with a Tax ID# \_\_\_\_\_)

Are you renting/leasing? Y or N If yes, Landlord name \_\_\_\_\_

Location address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Previous address: \_\_\_\_\_

PHONE \_\_\_\_\_

ALT. PHONE \_\_\_\_\_

Drivers License # 1. \_\_\_\_\_ SS# \_\_\_\_\_

Drivers License # 2. \_\_\_\_\_ SS# \_\_\_\_\_

Employed: \_\_\_\_\_ Phone \_\_\_\_\_

Employed: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Water Utility Company name \_\_\_\_\_

Have you, or anyone else living in household, ever had service with us before: Y N

If yes, please provide name on the account and year of service \_\_\_\_\_

Names of those over 18 living in household: \_\_\_\_\_  
\_\_\_\_\_

Does this location have a sprinkler system, irrigation system or in ground pool? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date