

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