



## Applicant Information Form

Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Non-Profit: \_\_\_\_\_ Rent: \_\_\_\_\_ Own: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address (If Different) City/State/Zip: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Last Water Company You Had Service With: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Spouse Name/ Roommate Name: \_\_\_\_\_

Spouse/Roommate Driver's License#: \_\_\_\_\_ State: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Tax ID # (for commercial accounts): \_\_\_\_\_ Request Start Date: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**OFFICE USE ONLY**

METER # \_\_\_\_\_ ENCODER# \_\_\_\_\_ MXU# \_\_\_\_\_

Service Personnel Signature: \_\_\_\_\_