

WATER SERVICE APPLICATION

To be completed by Customer Service

Today's Date	Zone	Map Page	Account Number
General Description			
<i>A map of service location must be attached</i>			
Class Code: <input type="checkbox"/> Residential- Single Family <input type="checkbox"/> Residential- Multi-Unit <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Agricultural <input type="checkbox"/> MUD <input type="checkbox"/> Wholesale			

APPLICANT INFORMATION

Applicant's Name	Spouse's Name (if applicable)
Billing Address (Number, Street Name, City, State, Zip Code)	
Telephone Number (Primary)	Telephone Number (Secondary)
Applicant's Drivers License Number	Applicant's E-mail Address
Applicant's Date of Birth	Applicant's E-mail Address (Secondary)
Proof of Ownership or Right of Occupancy (Ex.: Deed)	Type of Meter <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
Sprinkler/ Irrigation system on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Private well on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No

PROPERTY INFORMATION

Legal Description of Property (Include name of road, subdivision with lot and block number)	
Acreage	Household Size (Square Feet)
Special Service Needs of Applicant (Including multiple Connections)	

SIGNATURE

Applicant's Name	
Signature	Date