

WATER SERVICE APPLICATION

To be completed by Customer Service

Today's Date	Zone	Map Page	Account Number
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General Description

A map of service location must be attached

Class Code: ☐ Residential- Single Family ☐ Residential- Multi-Unit ☐ Commercial ☐ Industrial ☐ Institutional
☐ Agricultural ☐ MUD ☐ Wholesale

APPLICANT INFORMATION

Applicant's Name	Spouse's Name (if applicable)
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Billing Address (Number, Street Name, City, State, Zip Code)

Telephone Number (Primary)	Telephone Number (Secondary)
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Applicant's Drivers License Number	Applicant's E-mail Address
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Applicant's Date of Birth	Applicant's E-mail Address (Secondary)
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Proof of Ownership or Right of Occupancy (Ex.: Deed)	Type of Meter <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
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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
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PROPERTY INFORMATION

Legal Description of Property (Include name of road, subdivision with lot and block number)

Acreage	Household Size (Square Feet)
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Special Service Needs of Applicant (Including multiple Connections)

SIGNATURE

Applicant's Name

Signature	Date
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