

## WATER SERVICE APPLICATION

### 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: Home <input type="checkbox"/> Commercial: Business	
Irrigation system on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rainwater Collection System? <input type="checkbox"/> Yes <input type="checkbox"/> No	Private well on-site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other potential cross-connection:

### 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)	

### APPLICANT SIGNATURE

Applicant's Name	
Signature	Date

### To be completed by Customer Service

Today's Date	Zone	Map Page	Account Number
General Description			
A map of service location must be attached			
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			