

WATER SERVICE APPLICATION

GIS INFORMATION (To be completed by Customer Service)

Today's Date	Zone	Map Page	Account Number
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General Description

APPLICANT INFORMATION

Applicant's Name	Spouse's Name
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Billing Address

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 Provided By	Type of Meter <input type="checkbox"/> Residential <input type="checkbox"/> Commercial
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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)

Previous Member's Name and Address (If transferring membership)

Acreage	Number in Family	Household Size (Square Feet)
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Livestock Type and Number

Special Service Needs of Applicant (Including multiple Connections)

SIGNATURE

Applicant's Name (Note: Form must be completed by Applicant only. A map of service location request must be attached.)

Signature	Date
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