



APPLICATION FOR WATER AND SEWER SERVICE

PHYSICAL ADDRESS: _____

NAME OF PROPERTY OWNER: _____

OWNER'S MAILING ADDRESS: _____

OWNER'S PHONE NUMBER: _____

PROPERTY OWNER'S EMAIL: _____

IS PROPERTY OWNER OCCUPIED? _____ YES _____ NO

IF NO, RENTER'S NAME: _____

RENTER'S MAILING ADDRESS: _____

RENTER'S PHONE NUMBER: _____

RENTER'S EMAIL: _____

WOULD YOU LIKE THE RENTER TO BE DUPLICATE BILLED? ___ YES ___ NO

DATE OF SALE OR OCCUPANCY: _____

RESIDENTIAL: _____

COMMERCIAL: _____

Signature

Date

For City Use:

Account Number: _____