

RESIDENTIAL APPLICATION FOR SERVICE

Account Number:	Deposit Amount:	□ \$50.00 (Owner*) □ \$200.00 (Tenant)
* If you have advised us you are an owner and proof of ownership is not returned to us with the completed application, a total deposit amount of \$200 will be charged to your new account.		
Service Location:		
PLEASE PRINT OR TYPE		
Customer Name:		
Home Telephone: B	Business Telephone:	
Mailing Address:		
	own State	Zip
Social Security No.:		
Driver's License No.	State of Issuance:	
Employer Name: Y	Years with Employer:	
Employer Address:		
Employer Telephone:		
Prior Account(s) with Water Authority (list address or account number):		
PROOF OF OWNERSHIP (Attach copy of documents) CHECK ONE:		
•	. Lease ate of Responsibility:	
If you are not the owner of the premise, please complete the following section:		
Owner of Premise: O	wner Telephone:	
Owner Mailing Address:		
I hereby request water service be established at the above service location according to the terms, conditions and rates contained in the Water Authority's rules and regulations.		
The terms, centainens and rates contained in the trater ratherity or also did regulations.		
Print Name S	ignature	Date