

CUSTOMER INFORMATION FORM

Account# _____

Date: _____

APPLICATION FOR SERVICE

NAME: _____

SPOUSE: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

HOME PHONE NUMBER: (_____) _____

CELL PHONE NUMBER: (_____) _____

SOCIAL SECURITY NUMBER: _____

SPOUSE SOCIAL SECURITY NUMBER: _____

NUMBER IN FAMILY: _____

EMPLOYER: _____ **PHONE# :** _____

SPOUSE

EMPLOYER: _____ **PHONE# :** _____

Applicant contractually agrees to pay all water charges to this Water District until said applicant has terminated service to this residence.

Applicant hereby agrees to abide by all rules and policies established by said Water District and any hereafter established.

District reserves the right to discontinue water service at this residence without further notice if rules, regulations and policies have not been followed.

Signature of Applicant