

APPLICATION FOR SERVICES

Name: _____ Telephone # _____

Property Address: _____

Billing Address: _____

Services Requested: Water__ Seweage __ Garbage__ Fire Protection__

Applicant Is: _____ Property Owner _____ Tenant

Signature of Applicant Date

____ White, not Hispanic origin ____ Hispanic ____ Asian or Pacific Islander

____ Black, not of Hispanic origin ____ American Indian or Alaskan Native

____ Male ____ Female

Office Use Only

Account # _____ Type Service: ____ Residential ____ Commerical ____ Other

Deposit Amount: \$ _____ Date Paid: _____ ____ Cash ____ Check

Can Delivered By: _____ Date: _____

Meter Unlocked By: _____ Date: _____

Meter Turned On By: _____ Reading: _____

Installed Meter ID: _____ Date: _____ Reading: _____