

RENTERS APPLICATION FOR WATER

DATE _____

(PLEASE PRINT)

NAME _____
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ MONTH _____ DAY _____ YEAR

STREET ADDRESS _____
(METER LOCATION)

MAILING ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ HOME _____ WORK

DEPOSIT PAID _____ CHECK # _____ RECEIPT# _____

PROPERTY OWNER _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER _____

SIGNED _____
RENTER