

CITY OF JEFFERSON WATER & SEWER APPLICATION

APPLICANT INFORMATION

NAME _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY # _____ - _____ - _____ DL# & STATE _____

PRESENT EMPLOYER _____

EMPLOYER ADDRESS AND PHONE NUMBER _____

SPOUSE OR ROOMMATE _____
LAST FIRST MIDDLE INITIAL

SOCIAL SECURITY # _____ - _____ - _____ DL# & STATE _____

DATE YOU WANT SERVICE TO BEGIN _____

SERVICE ADDRESS INFORMATION

STREET ADDRESS _____

NUMBER STREET APT #

MAILING ADDRESS _____

NUMBER STREET PO BOX

PREVIOUS ADDRESS _____

CITY STATE ZIPCODE

NUMBER STREET CITY, STATE, ZIP

PHONE (H) _____ (CELL) _____

OWN _____ RENT _____ (IF RENTING: PLEASE PROVIDE THE FOLLOWING INFORMATION)

A COPY OF YOUR LEASE IS REQUIRED TO CONSIDER SERVICE.

LANDLORD NAME _____ PHONE _____

IF THIS IS AN APPLICATION BY AN EXISTING OR FORMER CUSTOMER OR OCCUPANT, THE CUSTOMER AGREES THAT ANY BALANCE DUE THE CITY BY THE CUSTOMER OR OTHER OCCUPANT AT THE SAME ADDRESS ON A PREVIOUS OR EXISTING WATER AND SEWER ACCOUNT WILL BE PAID PRIOR TO THE NEW SERVICE CONNECTION. THIS APPLICATION IS SUBJECT TO A 48 HOUR REVIEW, BEFORE SERVICE CAN BE ESTABLISHED.

APPLICANT SIGNATURE _____ DATE _____ CO-APPLICANT SIGNATURE _____ DATE _____

OFFICE USE

DEPOSIT AMOUNT \$ 150.00 _____ RECEIPT DATE _____ ACCOUNT # _____

DEPOSIT WILL BE HELD UNTIL FINAL BILL IS PAID ID'S CHECKED Y N INITIALS _____

ATTACH A COPY OF PHOTO ID