APPLICATION FOR SERVICE

Water/Sewer & Refuse

PLEASE PRINT ALL OF THE INFORMATION EXCEPT THE SIGNATURE

The applicant is the person or company responsible for all receipt and payment of services.

PERSONAL INFORMATION:	
Applicant's Full Name:	
Mailing Address:	
	Home Phone #:
Work Phone #:	Cellular Phone #:
Employer:	
MOVING FROM: (previous address)	
Address:	
City:	State:Zip:
MOVING TO: (property address)	
Address:	
Address.	
ARE YOU BUYING THE PROPERTY? Y	YES NO
IF RENTING, PROVIDE THE FOLLOWIN	
Landlord Name:	
Landlord Address:	
Landlord Home Phone #:	Cellular Phone #:
	o rent and have the water bill in their name, unless a waiver is
signed by the property owner.	Trem and have me water our in their name, amess a waiver is
signed by the property officer.	
IF COMMERCIAL ACCOUNT:	
Company Name:	
Owner Name & Address:	
Mailing Address:	
Phone No:	FEIN #:
List who is authorized to inquire about infor	rmation on this account, other than the applicant, and their
relationship to the applicant. Person must b	e able to provide the answer to I.D. Theft question listed at the
bottom of this page:	-
Service start date:	Does water need to be turned on?
bet vice start date.	Does water need to be turned on:
I hereby agree to abide by and accept all of	the provisions of Chapter 9, "Water", of the Dwight
Municipal Code.	
Signature	Date
	NSE OR STATE I.D. MUST BE RECEIVED IN ORDER TO
PROCES	SS THIS APPLICATION**
Please choose one of the following ID Th	neft Questions and provide the answer to that question. This
	n will be put on your account:
mormation	will be put on your account.
DL#	Make of first car
Father's middle name	Mother's maiden name
Federal ID #	Name of street where you grew up
Last four digits of SSN	Pet's name
	= -: <u></u>

* * OFFICE USE ONLY * *

Copy of DL: Applicant applied in person:	ID matched person: Deposit paid or transferred: _
Given copy of Water Ordinance	
Word/Leslie/H2OMisc/WaterSewerAp.IdTheft	