



Start Water Service Application-Owner

Service Information

Service Address: _____
Effective Date: _____

Owner Information:

Customer Name: _____
Social Security Number: _____
Date of Birth: _____
Phone Number: _____
E-mail Address: _____

Co-Applicant:

Customer Name: _____
Social Security Number: _____
Date of Birth: _____
Phone Number: _____
E-mail Address: _____

Mailing Information (If Different From Service Address):

Street Address or PO Box: _____
City, State & Zip Code: _____

Previous Service Address (If Had District Service Before)

Service Address: _____

Preauthorized Payments

Would like to signup for Preauthorized Payments ?

YES (If yes please provide routing number and account number) NO

Routing Number: _____

Account Number: _____

Owners Responsibility

As owner of the real property listed above, I understand I am responsible for any unpaid debts that may accrue through the use of the District water consumed on the property. As the property owner, I acknowledge and agree that a lien may be placed on the property should these debts remain unpaid. I am aware that if a delinquency occurs on one account, all accounts held are subject to disconnection. I am aware that at the appropriate time, it is my responsibility to contact the District to close my account.

Applicant Name: _____ Phone Number: _____

Applicant Signature: _____ Date Signed: _____