

Start Water Service Application-Tenant

Service Information	
Service Address:	
Effective Date:	
Tenant 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:	
Owners Information:	
Owners Name:	
Phone Number:	
E-mail Address:	
Mailing Information (If Diffe	erent 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 Preautho	orized Payments ?
YES (If yes	s please provide routing number and account number)
Routing N	umber:
Account N	umber:
Tenant Responsibility	
through the use of the Distriction on the property should these accounts held are subject to	perty listed above, I understand I am responsible for any unpaid debts that may accrue ct water consumed on the property. I acknowledge and agree that a lien may be placed e debts remain unpaid. I am aware that if a delinquency occurs on one account, all disconnection. I am aware that the owner will be notified may a lien be placed on the the appropriate time, it is my responsibility to contact the District to close my account.
Applicant Name:	Phone Number:
Applicant Signature:	Date Signed: