

TOWN OF MONTREAT

NEW WATER SERVICE APPLICATION

Date of Application: _____ Date Service to Begin: _____

Name: _____

Spouse's Name: _____

Employer: _____

Service Address: _____

Mailing Address: _____

Home Phone: _____ Work/Cell Phone: _____

Driver's License #: _____ Social Security #: _____

Alternate Address: _____

Rental Agent: _____

Rental Agent Mailing Address: _____

Rental Agent Phone: _____

Water Tap/Meter Set Fee(s) Paid: Yes No

I hereby certify that the above is a true statement.

Customer Signature

Printed Name

FOR OFFICE USE ONLY

Date:	_____	Account #:	_____
Route #:	_____	Sequence #:	_____
Meter #:	_____	Meter Reading:	_____
Water Rate:	_____	Sewer Rate	_____
Line Size:	_____	Category	<input type="checkbox"/> Res. <input type="checkbox"/> Inst.
Input ICS:	_____	Input Newsletter:	_____