

APPLICATION FOR WATER

CITY OF TABOR

NAME(s) ON THE ACCOUNT _____

SERVICE ADDRESS _____

(Please include the Post Office Box if any)

Own or Rent (circle one)

BILLING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS) _____

PHONE (home or cell) _____ (work) _____

DRIVERS LICENSE NUMBER _____ SS# _____

D.O.B. _____

EMAIL ADDRESS _____

Do you wish to receive an electronic bill instead of paper? YES _____ NO _____

EMERGENCY CONTACT NAME _____ PHONE _____

SIGNED _____

PRINTED NAME _____

DATE _____

FOR OFFICE USE ONLY

MOVE IN DATE _____ ACCOUNT # _____

\$50 DEPOSIT (Owner) PAID _____ Date _____

\$100.00 (renter) PAID _____ Date _____