

This Institution is an Equal Opportunity Provider.
FOR OFFICE USE ONLY

ACCOUNT # _____
READING _____
METER# _____
AMOUNT OF DEPOSIT PAID _____
RECEIPT # _____

APPLICATION FOR WATER SERVICE
TOWN OF BERRY WATER AND SEWER

NAME _____

ADDRESS _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

DRIVERS LICENSE # _____ RACE _____ TELEPHONE # _____

(CHECK ONE) OWN HOME _____ RENT _____

IF RENTING, NAME OF LANDLORD _____ TELEPHONE# _____

PRESENT EMPLOYER _____

EMPLOYER=S ADDRESS _____

LIST ALL PERSONS LIVING IN HOUSEHOLD:

| NAME | AGE | RELATIONSHIP |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PHONE NUMBER OF PERSON TO CONTACT IN CASE OF AN EMERGENCY

NAME _____ RELATIONSHIP TO YOU _____ PHONE# _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ON OUR SERVICE BEFORE? YES ___ NO ___

IF YES GIVE: NAME _____
ADDRESS _____
DATE LEFT SYSTEM _____

SERVICE WILL BE TURNED ON UPON PAYMENT OF DEPOSIT AND/OR PROCESSING AND APPROVAL OF APPLICATION WHICH COULD BE A PERIOD OF ONE-TWO DAYS OR LONGER IF INFORMATION IS INCOMPLETE.

SIGNATURE

DATE