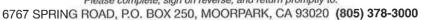
APPLICATION FOR SERVICE.

CLOSED



WATER AND SANITATION DEPARTMENT

Please complete, sign on reverse, and return promptly to:





PHIMARY APPLICAT	VI					
_	ame) cell home	First Name	Init. □ ce □ ho	ll ·	Soc. Sec./Taxpayer No	
Phone (check one) SECONDARY APPLI		USINESS OWI	□ wo	ork		
Last Name (or Business N	•	First Name	Init,		Soc. Sec./Taxpayer No.	
	cell home work ()	□ ce □ ho 	me (
SERVICE ADDRESS			·			
MAILING ADDRESS: (If Different) E-MAIL ADDRESS:					D. complete helevy	
APPLICANT IS:	□ OWNER		□ BUILDER	U KENTE	R – complete below	
Propert	v Owner's Name			Property Owner'	's Telephone PWA, 14 (REV. 5/1	
Service Start Date: Single Family Re Multi-Unit Reside Commercial	sidential ential No. o No. of U	☐ Single Uni f Units: Inits:	t Condominium Type: Type:	☐ Singl	le Unit Apartment ments, Condos, etc.) ore, Restaurant, Office, etc.)	
Industrial		nits:	- (1	Describe Business: Ma	anufacturer, Processor, etc.)	
☐ Institutional ☐ Construction	☐ Recy	_	Sewer Only	Fire	Government Facility) Service	
☐ Landscape Irriga TRUST DEPOSIT: \$ (minimum one year) w satisfactory credit rec	ith the Distric	is required to	o start service un ablished. (Single	less a satisfad unit residenti	ctory payment history ial customers with	
Signature:					Date:	
Signature:				Date:		
The applicant agrees to Nos. 1, 16, 17, 19, and 3 vices at prevailing rates Audited By:	accept the se 8, and Camaril	Co-Applicant rvices applied fo lo Utility Enterp e Rules and Reg	or subject to the Vorise Rules and Requilations are availa	gulations and	to pay for those ser-	
		(Office I	lse Only)			