

WATER SERVICE APPLICATION

(CIRCLE ONE) LANDL	ORD	OWNER OCCUPIED	RENTER
OCCUPANT NAME:			NO. ADULTS
			NO. ADOLIS
D.L. #	/ N 4 A D D I E D		
MARITAL STATUS SINGLE	/ MARRIED	SPOUSE NAME	
ADDRESS OF SERVICE			
E-MAIL			PHONE
I, THE UNDERSIGNED, DO HEREBY MAKE APPLICATION FOR WATER/SEWER SERVICE AT THE LOCATION STATED ABOVE. I UNDERSTAND THAT THE DEPOSIT SHOWN ON THIS APPLICATION SHALL BE HELD BY THE CITY OF MOUNT CARMEL AS A GUARANTEE FOR THE PAYMENT OF WATER AND SEWER BILLS, AND SAID DEPOSIT MAY BE USED BY THE CITY AT ANY TIME TO APPLY ON MY UNPAID WATER/SEWER BILLS I MAY OWE ANY BALANCE.			
OCCUPANT SIGNATURE (PRINT NAME)) AND DATE
(1.1111.1111.112.1112			
PROPERTY OWNER			PHONE
			1
OWNER ADDRESS			
I HEREBY CERTIFY THAT I AM THE OWNER OF RECORD OF THE NAMED PROPERTY OR THE AUTHORIZED AGENT OF PROPERTY OWNER AND THAT THE OCCUPANT LISTED ABOVE HAS ENTERED INTO A RENTAL AGREEMENT WITH ME. PROPERTY OWNER/AGENT SIGNATURE DATE			
BILLING DEPARTMENT ONLY			
DATE TO BE COMPLETED			OWNER / RENTER
BILLING ADDRESS			
DEPOSIT É CASIL / CUECK#			UDENITIAL / COMMATDOIAL
DEPOSIT \$ CASH / CHECK#			IDENTIAL / COMMERCIAL
DEPOSIT ALREADY ON FILE: YES NO			OUNT ON FILE
ACCOUNT BALANCE			POSIT APPLIED
ACCOUNT BALANCE AFTER APPLYING DEPOSIT			
FINAL BILL DATE	REFUND CHECK	C# DA	TE OF REFUND