

TOWN OF MONTREAT

APPLICATION FOR NEW WATER SERVICE

Date of Application: _____ Date Service to Begin: _____

Name: _____

Spouse's Name: _____

Employer: _____

Rental Agent: _____

Service Address: _____

Mailing Address: _____

Home Phone: _____ Work/Cell Phone: _____

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

Alternate Address: _____

I hereby certify that the above is a true statement.

Customer Signature

Printed Name

FOR OFFICE USE ONLY

Route #: _____ Sequence #: _____

Meter #: _____ Account #: _____

Date : _____ Meter Reading: _____