



Application and Agreement for Water Service

Full Name: _____ Date: _____
Last First M.I.

Service Address: _____
Street Address Apartment/Unit #

Billing Address: _____
Street Address City State Zip Code Apartment/Unit #

Phone: _____ Last four of Social Security Number: _____

Driver's License Number: _____

Service Start Date: _____ Customer Number: _____ Location Number: _____
For Office Use For Office Use

Previous Service Address: _____
Street Address Apartment/Unit #

Customer Type: Owner Property Manager Tenant Construction Contractor

Landlord/Property Manager Name: _____ Landlord/Property Manger Phone: _____

Authorized User on Account: Yes No Name & Date of Birth: _____

Employer: _____ Phone: _____

PLEASE FURNISH WATER TO ADDRESS AS INDICATED. I AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF THE LEAVENWORTH WATERWORKS.

CUSTOMER SIGNATURE

DATE