PHOTO IDENTIFICATION IS REQUIRED TO OBTAIN SERVICE

Name:				
Drivers License: State Issued	#	Do	ate of Birth	
Home Telephone:		Cell:		
Email Address:				
Service Address:				
Billing Address:				
Previous Address:				
Employer:				
Spouse's Name:	use's Name:Employer:			
Emergency Contact:	Phone Number			
Has anyone in your household ev	ver had wa	ter with Cal	vert City before? Yes No	
If yes, under what name?				
Is this rental property? YesN	lo If ye	es, Property	Owner: Name	
Property Owner Address				
Property Owner Phone Number_				
Paid Meter Deposit: 5/8" x 3/4" (S	-			
1 1/2" (\$1500) 2"(\$3000)	_ Over 2"(\$	5,000)		
Paid Tap on Fee (\$)	_ Yes _	No	Plumbing InspectionYesNo	
Services to be provided:	_ Water	Sewer _	Garbage	
Would you like to sign up for auto	omatic with	drawal? Ye	es No	
	, regulation	s and char	d Sewer rules and regulations. I have ges as they apply to my account. My truthful and correct.	
Customer Signature			Date	
Witness			Date	
OFFICE USE ONLY				
Account Number				