

WOODFIN WATER DISTRICT APPLICATION FOR SERVICE HOMEOWNERS

TODAY'S DATE: _____ DATE SERVICE WANTED: _____

CUSTOMER NAME: _____
(LAST NAME) (FIRST) (INITIAL)

SERVICE ADDRESS: _____
(CITY) (ZIP CODE)

BILLING ADDRESS: _____
(IF DIFFERENT FROM SERVICE ADDRESS) (CITY) (ZIP CODE)

S.S.#: _____ DOB: _____ DRIVERS LIC#: _____ STATE _____

WORK PHONE#: _____ HOME PHONE# _____
CELL PHONE# _____

EMPLOYER: _____

BUSINESS ADDRESS: _____
(CITY) (ZIP CODE)

****THE UNDERSIGNED AGREES TO BE RESPONSIBLE FOR ALL WATER BILLS FOR THIS ADDRESS, EFFECTIVE WITH THE SERVICE DATE ABOVE AND CERTIFIES THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.***

SIGNED _____

| |
|---------------------------------|
| DEPOSIT AMOUNT: _____ |
| SERVICE CHG AMT: _____ |
| RECEIPT#: _____ |
| DATE: _____ |
| CASH _____ CHECK _____ CC _____ |
| On Acct: _____ By check: _____ |

ENTERED INTO PRESERVICE _____ BY _____ ENTERED INTO SOFTWATER _____ BY _____