

WOODFIN WATER DISTRICT APPLICATION
FOR SERVICE: LANDLORD-RENTAL OWNERS

TODAY'S DATE: _____ DATE SERVICE WANTED: _____

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

SERVICE ADDRESS: _____
(CITY) (ZIP CODE)

BILLING ADDRESS: _____
(CITY) (ZIP CODE)

FED ID#/SS#: _____ DRVS LIC# _____ STATE: _____ DOB: _____

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

FORMER ADDRESS: _____
(CITY) (ZIP CODE)

EMPLOYER: _____ BUSINESS ADDRESS: _____
(CITY) (ZIP CODE)

RENTAL INFORMATION

WILL THIS BE USED AS A RENTAL PROPERTY? ____ YES ____ NO

LANDLORD OR MANAGEMENT CO: _____

ADDRESS: _____ PHONE#: _____

☆ *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 _____

| |
|--|
| NON-REFUNDABLE SERVICE CHARGE AMT: _____ RECEIPT#: _____ DATE: _____ CASH _____ CHECK _____ CC _____ |
|--|

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