



SARDIS CITY WATER BOARD
APPLICATION FOR WATER SERVICE

Do not write in this area – water authority use only
ACCT# _____
CLERK _____
RENTER _____
HOMEOWNER _____
DL# _____ ST _____

DATE _____

NAME _____ SPOUSE _____
LAST FIRST FIRST

MAILING ADDRESS _____
STREET CITY STATE ZIP

ADDRESS OF SERVICE _____
STREET CITY STATE ZIP

IF RENTING FROM WHO DO YOU RENT? _____

HAVE YOU EVER HAD SERVICE WITH US BEFORE? CIRCLE ONE YES OR NO

IF SO, AT WHAT ADDRESS? _____
STREET CITY STATE ZIP

YOUR HOME PHONE #_() _____

YOUR CELL PHONE #_() _____

SPOUSE'S CELL PHONE #_() _____

YOUR PLACE OF EMPLOYMENT
NAME _____
ADDRESS _____
CITY/ST/ZP _____
PHONE _____

SPOUSE'S PLACE OF EMPLOYMENT
NAME _____
ADDRESS _____
CITY/ST/ZP _____
PHONE _____

THIS APPLICATION IS A PERMANENT RECORD.
PLEASE MAKE SURE THAT ALL INFORMATION IS CORRECT.

"I certify that the above information is true and correct and that I understand that any connection fee paid is non-refundable."

SIGNATURE

DATE