*****A COPY OF YOUR DRIVER'S LICENSE IS REQUIRED*****

CUSTOMER MASTER FILE FORM

PLEASE PRINT LEGIBLY

It may take at least one business day to set up service.

NAME (PARTY #1) LAST_____ FIRST_____

NAME (PARTY #2) LAST_____ FIRST_____

(PLEASE INCLUDE FIRST AND LAST NAMES OF ALL PARTIES THAT ARE TO BE LISTED ON THE ACCOUNT AND HAVE RIGHTS TO MAKE INQUIRIES ON THE ACCOUNT)

SERVICE ADDRESS_____

MAILING ADDRESS_____

CITY, STATE, ZIP_____

SERVICE START DATE_____

HOME PHONE NUMBER_____CELL PHONE NUMBER_____

OWN_____ RENT_____ LANDLORD NAME:_____

LANDLORD ADDRESS:_____

LANDLORD PHONE NUMBER:_____

SOCIAL SECURITY NUMBER (PARTY #1)_____ DATE OF BIRTH_____

SOCIAL SECURITY NUMBER (PARTY #2)_____ DATE OF BIRTH_____

TAX ID# (IF A BUSINESS)_____

PARTY #1 EMPLOYER_____ EMPLOYER PHONE NUMBER_____

PARTY #2 EMPLOYER_____ EMPLOYER PHONE NUMBER_____

DO YOU PREFER: PAPER BILL_____ E-BILL_____ EMAIL ADDRESS_____

DO YOU HAVE AN IN-GROUND SPRINKLER SYSTEM? YES_____ NO_____

SIGNATURE (PARTY #1)_____ DATE_____

SIGNATURE (PARTY #2)_____ IS INFORMATION CONFIDENTIAL?_____
(Does not apply to commercial accounts)

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

ACCOUNT #_____

SERVICE ADDRESS_____

OLD ACCOUNT NUMBER (IF APPLICABLE)_____ STATUS_____

DEPOSIT DATE_____ AMOUNT_____ CHECK/CASH_____

LICENSE RECEIVED – PARTY #1_____ PARTY #2_____ DATE_____

Today's Date:_____ **Start Date:_____**