

APPLICATION FOR WATER-City of West Frankfort

Date \_\_\_\_\_

Dep. Pd. \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_

Social Security Number \_\_\_\_\_

Pool \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Rent \_\_\_\_\_ Own \_\_\_\_\_ Contract for Deed \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Email Address: \_\_\_\_\_ Would you like E-Bills? \_\_\_\_\_ Yes \_\_\_\_\_ No

Who can we contact in the instance of a leak if you are unavailable?

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

I will be responsible for paying all water and sewer bills that are incurred at the address. I have requested service. If they are not paid as required, I understand that my water service may be disconnected and that I will be responsible for any charges related to reconnection of service as well as any late fees, court costs, attorney fees, and any and all extra costs to recover the payment.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_