

Centertown Waterworks

1227 Broadway, P.O. Box 175, Centertown 65023, Tel. 573-584-9572

*****A COPY OF YOUR DRIVERS LICENSE IS REQUIRED*****

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

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

1) NAME-LAST _____ FIRST _____

SOCIAL _____ EMPLOYER _____

SECURITY # _____ EMPLOYER PHONE _____

PHONE# (HOME) _____

PHONE# (CELL) _____

2) NAME-LAST _____ FIRST _____

SOCIAL _____ EMPLOYER _____

SECURITY # _____ EMPLOYER PHONE _____

PHONE# (CELL) _____

COMMERCIAL ACCOUNTS:

BUSINESS NAME _____

PHONE# _____ TAX ID # _____

CONTACT NAME _____

SERVICE
STREET ADDRESS _____

CITY, STATE, ZIP _____

MAILING ADDRESS _____

OWN _____ RENT _____ LANDLORD NAME/PHONE _____

E-MAIL ADDRESS _____

SIGNATURE _____ DATE _____

SIGNATURE _____ IS INFORMATION CONFIDENTIAL? _____

(Does not apply to commercial)

DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

ACCOUNT # _____

OLD ACCT # (IF APPLICABLE) _____ STATUS _____

DEPOSIT DATE _____ AMT _____ CK/CASH _____

Today's Date: _____

Start Date: _____