

For Office Use Only:
Account Number _____ Book Number _____
Meter Number _____ Card Number _____

**TOWN OF WHITAKERS
WATER/SEWER ACCOUNT APPLICATION**

Date: _____

Name: _____ **Date of Birth:** _____

Social Security #: _____ **Driver's License #/State:** _____

Phone #: _____ **Phone #:** _____

Co-Applicant's Name: _____ **Date of Birth:** _____

Social Security #: _____ **Driver's License #/State:** _____

Phone #: _____ **Phone #:** _____

Mailing Address: _____

Service Address: _____

Have you had prior service in the Town of Whitakers? _____ **Yes** _____ **No**

If yes, when? _____

What Location: _____ **What Name:** _____

Employer/Source of Income: _____

Employer's Address: _____

Employer's Phone #: _____

Emergency Contact Name: _____ **Phone#:** _____

Landlord: _____ **Phone#:** _____

**THE TOWN RESERVES THE RIGHT TO REFUSE SERVICE FOR FALSIFYING APPLICATION
DEPOSIT WILL BE REFUNDED 30 DAYS AFTER SETTLEMENT OF FINAL BILL**

For Office Use Only:
Deposit Amount: _____ Cash: _____ Check Number: _____
Date Deposited: _____ Date Deposit Recorded: _____
Meter Reading Beginning: _____ Date: _____ Final: _____ Date: _____
Deposit Applied Amount: _____ Date: _____ Refund Amount: _____ Date: _____
Outstanding Balance: _____ Debt Set-Off: _____