

TOWN OF WEAVERVILLE
APPLICATION FOR WATER SERVICE

DATE _____

OWNER NAME _____

OWNER DRIVERS LICENSE _____

SERVICE ADDRESS _____

MAILING ADDRESS (if different from service address) _____

PHONE NUMBER _____

WILL THIS PROPERTY BE RENTED OR LEASED _____

EFFECTIVE DATE _____

OWNER SIGNATURE _____

THE ABOVE AGREES TO BE RESPONSIBLE FOR ALL WATER AND OR
SEWER BILLS AS OF THE EFFECTIVE DATE.

OFFICE USE ONLY: DEPOSIT NUMBER _____ AMOUNT _____

ACCOUNT NUMBER _____