

# WATER SERVICE APPLICATION

APPLICATION NUMBER: \_\_\_\_\_

Date \_\_\_\_\_

(Circle One)	Landlord	Owner Occupied	Renter
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**Section 1. Occupant Information Please Complete All Sections below.**

OCCUPANT NAME:		NO. ADULTS
D.L. #	SOC. SEC #:                   -                   -	
MARITAL STATUS   SINGLE   /   MARRIED	SPOUSE NAME:	
ADDRESS OF SERVICE:		
E-MAIL :	PHONE:	

I, the undersigned, do hereby make application for water & sewer service at the location state above. I understand that the deposit shown on this application shall be held by the City of Mt. Carmel as a guarantee for the payment of water and sewer bills, and said deposit may be used by the City at any time to apply on any unpaid water and sewer bills I may owe. Any balance re

_____ OCCUPANT SIGNATURE	_____ (PRINT NAME) and Date
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**SECTION 2. PROPERTY OWNER INFORMATION**

PROPERTY OWNER	PHONE:
OWNER ADDRESS:	
I hereby certify that I am the owner of record of the named property or the authorized agent of property owner and that the occupant listed above has entered into a rental agreement with me.	
_____ (Signature ) Property Owner/ Authorized Agent	_____ (Date)

**OFFICE USE ONLY**

Date to be Completed	Owner / Renter
Billing Address	
Deposit \$                   Cash / Check #	Residential / Commercial
Deposit already on file: Yes                   No	Amount on File:
<b>Billing Department Only</b>	
Account Balance	Deposit Applied
Account Balance After Deposit Applied	
Final Bill Date	Date of Refund Check
Refund Ck #	