

CITY OF BUCKLIN

WATER SERVICE WORK ORDER

APPLICANT NAME: FIRST, LAST		CO-APPLICANT NAME: FIRST, LAST	
SOCIAL SECURITY # OR TIN		SOCIAL SECURITY #	
DRIVERS LICENSE # OR STATE ID CARD		DRIVER LICENSE # OR STATE ID CARD	
DATE OF BIRTH		DATE OF BIRTH	
PHONE		PHONE	
EMPLOYER		EMPLOYER	
EMPLOYER ADDRESS		EMPLOYER ADDRESS	
EMPLOYER PHONE		EMPLOYER PHONE	
SERVICE ADDRESS		SERVICE ID	
<input type="checkbox"/> OWNER <input type="checkbox"/> RENTER		IF NEW OWNER, CLOSING DATE OF PROPERTY	
IF RENTING, PROPERTY OWNER NAME		PROPERTY OWNER PHONE	
START/MOVE IN DATE		PO BOX OR OTHER MAILING ADDRESS FOR STATEMENT	
LEAST START DATE	DATE LEASE ENDS	LENGTH	
EMAIL STATEMENTS YES NO	EMAIL ADDRESS	AUTODRAFT PAYMENTS YES NO	<input type="checkbox"/> BANK DRAFT ATTACHED
PETS YES NO BREED			

I, the undersigned, hereby make application for water, sewer and trash service and certify that all the above information is correct. I agree to abide by all rules and regulations of the City of Bucklin. I understand and agree to pay all charges billed on each monthly statement. I understand water/sewer/trash accounts with any previous balance are subject to disconnection.

APPLICANT SIGNATURE: _____ DATE: _____

CO-APPLICANT SIGNATURE: _____ DATE: _____

DEP SYS SWITCH READ ____ STATUS ____ CONN FEE ____ DEPOSIT ____ RECEIPT# ____

TURN OFF REQUEST

FINAL MAILED TO: _____ MOVE OUT DATE: _____

I, the undersigned, hereby request that the services be disconnected for water, sewer and trash service and certify that all the above information is correct. I agree to pay all remaining charges billed for the time incurred for the month.

APPLICANT SIGNATURE: _____ DATE: _____

READING ____ STATUS ____ LOCKED DEP REF SYSTEM SWITCH OUT OWNER, IF RENTING NOTIFIED: _____