

**APPLICATION FOR WATER AND/OR SEWER SERVICE**

**NAME** \_\_\_\_\_

(NAME MUST INCLUDE EVERYONE ON LEASE)

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**CONTACT#** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**DRIVER'S LICENSE #** \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**EMPLOYER'S ADDRESS** \_\_\_\_\_

**EMPLOYER'S PHONE NUMBER** \_\_\_\_\_

**DATE OF CLOSING** \_\_\_\_\_

I WILL BE A RENTER AT THIS RESIDENCE \_\_\_\_\_

I CERTIFY THAT I AM THE OWNER OF THE PROPERTY AND THE DEED IS ON FILE AT CLARK COUNTY. \_\_\_\_\_

(FOR THE HOUSE THAT HAS BEEN EMPTY)

I AM AWARE THAT A NEW METER MAY BE NEEDED AND THE PAYMENT WILL BE MADE BEFORE WATER IS TURNED ON \_\_\_\_\_

**IF YOU ARE MOVING FROM ONE RESIDENCE IN THE CITY OF NEW CARLISLE TO ANOTHER, THE FINAL BILL FOR THE PREVIOUS ADDRESS MUST BE PAID ON THE FINAL DUE DATE OR NEW SERVICE WILL BE DISCONNECTED.**

**There is a \$10 transfer fee that is not refundable.**

**I have read the information sheet provided.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_