

# CITY OF DANVILLE WATER UTILITY APPLICATION FOR SERVICE

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

APPLICANT'S NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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

PREVIOUS ADDRESS TURN OFF DATE \_\_\_\_\_

## BILLING ADDRESS (IF DIFFERENT FROM SERVICE)

NAME \_\_\_\_\_ STREET/P.O.Box \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

RESIDENTIAL PROPERTY OR COMMERCIAL PROPERTY (CIRCLE ONE)

STATUS: OWNER / RENTER / LANDLORD (CIRCLE ONE)

OWNER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FOR BUSINESS ONLY: TAX ID \_\_\_\_\_ PHONE \_\_\_\_\_

## SERVICE CONNECTION INFORMATION

(NOTE: UP TO 2 BUSINESS DAYS MAY BE REQUIRED FOR APPLICATION APPROVAL AND SERVICE ACTIVATION.)

SERVICE CONNECTION DATE \_\_\_\_\_

THE UNDERSIGNED HEREBY AGREES TO ABIDE BY ALL PROVISIONS OF ORDINANCE No 1317

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## OFFICE USE ONLY

PREV SRVCE DEL BAL: YES OR NO

PREV CUST DEL ACCT BAL: YES OR NO

OLD BK \_\_\_\_\_ ACCT \_\_\_\_\_

ACCT: NEW/TRANSFER

FEE: \$25 / \$15 PAID OR CHARGED

DEPOSIT: PAID / WAIVED / TRANSFERRED

BOOK: \_\_\_\_\_ ACCT: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_

INITIAL READING \_\_\_\_\_ IN \_\_\_\_\_

Drivers License or Picture ID