

# City of Wells WATER SUPPLY

## SERVICE APPLICATION AND AGREEMENT

**CITY USE ONLY**

Date Approved: \_\_\_\_\_

Account Number: \_\_\_\_\_

Rate Code: \_\_\_\_\_

Deposit \$: \_\_\_\_\_

Meter Install Date: \_\_\_\_\_

Meter Service Date: \_\_\_\_\_

**Please Print:** DATE SERVICE TO START: \_\_\_\_\_

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

CO-APPLICANT'S NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

PHONE NUMBER Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cellphone Carrier: \_\_\_\_\_

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

PROOF OF OWNERSHIP/RENTAL AGREEMENT PROVIDED: YES \_\_\_ NO \_\_\_ NUMBER OF OCCUPANTS \_\_\_\_\_

LANDLORD INFORMATION \_\_\_\_\_ ACCT # \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE NUMBER OF APPLICANT \_\_\_\_\_ State \_\_\_\_\_

DATE OF BIRTH OF APPLICANT: \_\_\_\_\_

DRIVER'S LICENSE NUMBER OF CO-APPLICANT \_\_\_\_\_ State \_\_\_\_\_

DATE OF BIRTH OF CO-APPLICANT: \_\_\_\_\_

APPLICANTS EMPLOYED BY: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CO-APPLICANTS EMPLOYED BY: \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

EMERGENCY CONTACT \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

SPECIAL SERVICE NEEDS OF APPLICANT \_\_\_\_\_

By signing this application I agree to pay the balance billed each month by the City of Wells and any balance owed upon ending my water service with the City of Wells. I have received a copy of the "Rates & Regulations" and will abide by the rules and regulations and any revisions made in the future.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname. **PLEASE CHECK ALL THAT APPLY.**

<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Race:</b> <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	