

NORTH EDWARDS WATER DISTRICT

APPLICATION FOR SERVICE

<input type="checkbox"/> Transfer Account	<input type="checkbox"/> New Account	ACCOUNT NUMBER _____
--	---	-----------------------------

Service Address: _____	Date: _____
Customer Name: _____	Phone: _____
Mail Bills to: _____	
Employer: _____	
Employer's Address: _____	
Drivers License # _____	
E-Mail Address _____	<input checked="" type="checkbox"/> Owner, Agent, Tenant (Circle One)
Owner's Name _____	
Owner's Phone # _____	
<input checked="" type="checkbox"/> _____	_____
CUSTOMER SIGNATURE	DATE

(TO BE COMPLETED BY OFFICE)

IF TRANSFER: FROM _____ TO _____

Date Service Required: _____

Deposit Required: Yes **Refunded when leaving District if account is paid in full**

Deposit Amount: _____

Cash - Check # _____

Meter Reading _____