

**PHIL CAMPBELL WATER WORKS & SEWER BOARD**  
**\*\*\* APPLICATION FOR WATER SERVICE \*\*\***

**PLEASE PRINT**  
**COPY OF DRIVER'S LICENSE OR PICTURE I.D. REQUIRED**

DATE: \_\_\_\_\_ CIRCLE ONE: RENTER HOME OWNER

NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_  
FIRST MIDDLE LAST

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OTHERS LIVING IN THE HOME – NAMES & RELATIONSHIP TO YOU:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL ADDRESS YOU ARE REQUESTING SERVICE AT:

\_\_\_\_\_

MAILING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ ADDITIONAL PHONE NUMBER: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HAVE YOU EVER HAD SERVICE WITH OUR SYSTEM BEFORE?  YES  NO

IF SO, WHAT WAS THE PHYSICAL ADDRESS?

\_\_\_\_\_

IS RESIDENCE INSIDE THE CITY LIMITS?  YES  NO

\_\_\_\_\_  
CUSTOMER SIGNATURE