

# APPLICATION FOR SERVICE

Date applied for service \_\_\_\_\_

Name \_\_\_\_\_ DL No. \_\_\_\_\_ State \_\_\_\_\_

SS. No. \_\_\_\_\_

Service Address \_\_\_\_\_, Zip \_\_\_\_\_

Phone No \_\_\_\_\_ /cell# \_\_\_\_\_

Mailing Address if different than Service Address

Nearest Relative not living in your household

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_, Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone No. \_\_\_\_\_

Residential \_\_\_\_\_ Commercial \_\_\_\_\_ Do you own the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant warrants that all plumbing is in good working order and that no water faucets are left open. It is further agreed and understood that if damages to the property should result from broken pipes, leaking plumbing, open faucets, or other malfunctions of appliances or equipment, when service is connected, that it shall be the sole responsibility of the applicant and/or property owner; and the Jacksonville Water Works shall not in any way be held liable.

Customer is responsible for all collection agency fees

Signature of applicant \_\_\_\_\_

Name of property owner/Landlord \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_

Zip \_\_\_\_\_

Name of Spouse/Any other Adults in Household:

Do you wish to be added to the City's newcomers list? Yes \_\_\_\_\_ No \_\_\_\_\_