



## APPLICATION FOR WATER SERVICE

Water Service Property Address: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Property Owner #1:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Property Owner #2:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Alt Phone # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name/Phone Number \_\_\_\_\_

Have you previously had an account with the City of Banks?    Yes    No

Paperless Billing Statement?    Yes \_\_\_    No \_\_\_

This property is:

Residential - Owner Occupied \_\_\_\_\_

Residential - Tenant Occupied \_\_\_\_\_

Commercial Business – Owner Occupied \_\_\_\_\_

Commercial Business – Tenant Occupied \_\_\_\_\_

Owner:

Do you wish to have the tenant have their own water account for this address: \_\_\_ Yes \_\_\_ No

Do you wish for the water account to stay in your name and copy of bill sent to tenant monthly? \_\_\_ Yes \_\_\_ No

Do you wish for the water account to stay in your name and no copy of bill sent to tenant monthly? \_\_\_ Yes \_\_\_ No

Tenant Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

