

Account # _____

For official use only

City of Camp Wood
Utility Service Application

NEW SERVICE _____ TRANSFER _____

Account Starting Date _____

Name of Applicant 1 _____

Name of Applicant 2 _____

Mailing Address _____ Service Address _____

City/State _____ Zip _____

Primary Telephone # _____ Alt Telephone # _____

Soc Sec # App 1 _____ Soc Sec # App 2 _____

Drivers License # App 1 _____ Drivers License # App 2 _____

PERSONAL REFERENCES

Name _____ Relation _____ Contact # _____

Name _____ Relation _____ Contact # _____

PROFESSIONAL REFERENCE

Name _____ Relation _____ Contact # _____

Customer Signature

Customer Signature

For official use only

Route # _____ Pump/Well # _____ Rate Code # _____ Sequence # _____

Meter Serial # _____ New/Last Meter Reading _____

Amount of Deposit paid \$ _____ Check# _____ Cash _____

Amount of Connection fee \$ _____ Check# _____ Cash _____