

LANDLORD APPLICATION
CITY OF SILSBEE WATER SERVICE

FULL NAME _____

MAILING ADDRESS _____

PHONE# _____ DRIVER LICENSE# _____

ARE YOU THE OWNER OF THE PROPERTY? _____ YES _____ NO

IF NO, LIST OWNER OF PROPERTY: _____

DATE YOU WANT WATER TURNED ON _____

ADDRESS YOU WANT TURNED ON _____

YOUR PLACE OF EMPLOYMENT _____

LIST RENTAL PROPERTY ADDRESSES:

*** \$100.00 DEPOSIT IS REQUIRED FOR WATER TO BE TURNED ON ***

*** IF TURNING WATER ON FOR CLEANING ONLY, A MAXIMUM OF (3) THREE DAYS IS ALLOWED ***

DATE YOU WANT IT TURNED ON: _____

YOUR SIGNATURE: _____

FOR OFFICE USE

ACCOUNT # _____ **DATE OF APP.** _____

RECEIPT# _____ **CHECK #** _____ **CASH CLERK** _____