

RESIDENTIAL APPLICATION
CITY OF SILSBEE WATER SERVICE

FULL NAME _____

SERV. ADDRESS _____ MAILING _____

PHONE# _____ **DRIVER LICENSE#** _____

PLACE OF EMPLOYMENT _____

EMPLOYER ADDRESS _____

SINGLE _____ MARRIED _____ DIVORCED _____

SEPARATED _____ WIDOWED _____

IF MARRIED GIVE SPOUSES NAME _____

DOES SPOUSE LIVE IN HOUSEHOLD _____ # OF PEOPLE OVER 18 _____

NAMES OF PEOPLE OVER 18 IN HOUSE _____

OF CHILDREN IN THE HOUSEHOLD _____

OWNER _____ RENTER _____

HOUSE _____ TRAILER _____ APARTMENT _____ APARTMENT # _____

LANDLORD'S NAME _____ **PHONE** _____

LANDLORDS ADDRESS _____

HAVE YOU EVER HAD WATER IN THE CITY OF SILSBEE BEFORE? _____

IS SO, GIVE ADDRESS AND NAME _____

DATE YOU WANT SERVICE TURNED ON _____

SIGNATURE OF APPLICANT _____

FOR OFFICE USE

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

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

DATE YOU WANT SERVICE ON: _____

****** OFFICE USE ONLY ******

ACCOUNT # _____ - _____ - _____ METER # _____

CASH _____ CHECK # _____ RECEIPT # _____