



WATER SUPPLY CORPORATION

November 2023
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CORPORATION USE ONLY

Date Approved: _____
Service Classification: _____
Cost: _____
Work Order Number: _____
Eng. Update: _____
Account Number: _____
Service Investigation Date: _____

439 WATER SUPPLY CORPORATION STANDARD SERVICE APPLICATION

Please Print: DATE _____

APPLICANT'S NAME _____

CO APPLICANT'S NAME _____

CURRENT BILLING ADDRESS:

FUTURE BILLING ADDRESS:

PHONE NUMBER Home (_____) _____ - _____ Cell (_____) _____ - _____

PROOF OF OWNERSHIP PROVIDED BY _____

DRIVER'S LICENSE NUMBER OF APPLICANT _____

LEGAL DESCRIPTION OF PROPERTY (Include name of road, subdivision with lot and block number)

PREVIOUS OWNER'S NAME AND ADDRESS (if transferring Membership)

PROPERTY SIZE/ACREAGE _____ SQUARE FOOTAGE OF RESIDENCE/STRUCTURE _____

SPECIAL SERVICE NEEDS OF APPLICANT _____

DO YOU AGREE TO RECEIVE ALERTS BY EMAIL AND/OR TEXT: YES NO

SIGNATURE OF APPLICANT: _____