

# City of White Oak Application for Water Service

RESIDENTIAL       COMMERCIAL

Date: \_\_\_\_\_ Service Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

SS# or Federal ID # \_\_\_\_\_ DL#: \_\_\_\_\_ DL State: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Have you had service in White Oak before? \_\_\_\_\_ What Address? \_\_\_\_\_

Single       Married       Divorced       Widowed

Spouse Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

SS#: \_\_\_\_\_ DL#: \_\_\_\_\_ DL State: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Are you renting: Yes  No  \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Non-related persons living in the residence: \_\_\_\_\_

## REFERENCES:

Nearest Relative: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Friend Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that I may be responsible for additional collection/attorney costs should I not pay my bill, and my account is forwarded to a collection agency/attorney. I do hereby certify that the above is true and correct. By signing this application, I acknowledge that I have received a copy of the service agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Deposit Amount: \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Transferred From: \_\_\_\_\_ Account #: \_\_\_\_\_

Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Addition: \_\_\_\_\_ R#: \_\_\_\_\_