

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#: _____