

**CITY OF DOWNS
APPLICATION FOR WATER SERVICE**

DATE _____

Phone _____

NAME _____
(Last) (First) (Middle Initial)

OTHER OCCUPANT(S) _____
(other adult(s) residing in household)

PLEASE LIST YOUR MAILING ADDRESS:

(ie: John/Jane Doe; John Doe - Jim Smith; Jill Jones and/or Jeff Doe) (list where bills are to be mailed)

NEW SERVICE REQUEST ADDRESS _____

Please list date service should commence _____

LANDLORD (IF APPLICABLE) _____

DRIVER'S LICENSE NUMBER _____ **STATE** _____
(Copy of driver's license/ID card attached)

PREVIOUS ADDRESS _____ **CITY** _____ **STATE** _____

SOCIAL SECURITY NUMBER _____

EMPLOYER W/ADDRESS _____

(Applicant Signature)

To establish service, the following requirements apply:

A \$145.00 Deposit **Cash** _____ **Check** _____
(Approved by City Council 01/01/2013)

A valid picture Identity Card

Except when necessary in order for the City of Downs to perform its duties and responsibilities, as authorized by law or regulation, the City of Downs shall not use, or disclose a person's Social Security Number ("SSN"). If any law, rule, or regulation regarding the collection, use or disclosure of SSNs is more restrictive than this policy, then that law, rule or regulation shall govern.