

**CITY OF SLATER
WATER & REALTED SERVICES APPLICATION**

ACCOUNT NUMBER _____ DATE OF SERVICE _____

NAME OF APPLICANT _____ SS # _____ - _____ - _____

OTHER ADULT OCCUPANTS (**NAMES & SS #'s**) : _____

SERVICE ADDRESS _____
STREET PO BOX STATE ZIP

MAILING ADDRESS _____
(IF DIFFERENT) STREET PO BOX CITY STATE ZIP

HOME PHONE # _____ WORK OR CELL # _____

DO YOU OWN _____ OR RENT _____ THE PROPERTY FOR WHICH YOU ARE APPLYING ?

IF RENTING, WHAT IS THE NAME & ADDRESS OF THE OWNER OF THE PROPERTY?

NAME ADDRESS CITY STATE ZIP

PHONE #(S) _____

SECURITY DEPOSIT REQUIRED:

\$100.00* PAID _____

*(Deposit will be paid within 2 weeks of occupancy or your water will be turned off, without notice)

The undersigned hereby agrees to comply with the Ordinance, rules and regulations of the City. The undersigned agrees to be held individually responsible for the City utility account(s) herein applied for until account(s) is closed.

SIGNATURE(S): _____

DATED SIGNED: _____

ACCEPTED BY: _____