

WATER SERVICE APPLICATION

BLANCHARD UTILITIES

APPLICANT'S NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_ (PROVIDE COPY)

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK NO. \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO \_\_\_\_\_

DRIVER'S LICENSE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

WORK NO. \_\_\_\_\_

TYPE OF RESIDENCE: HOUSE \_\_\_\_\_ MOBILE HOME \_\_\_\_\_

OWN \_\_\_\_\_ RENTAL \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IN THE EVENT THE TOWN OF BLANCHARD FINDS IT NECESSARY TO TAKE LEGAL ACTION TO ENFORCE THIS AGREEMENT, I AGREE TO PAY ANY ATTORNEY'S FEES AND COURT COSTS INCURRED.

\_\_\_\_\_  
SIGNATURE

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