

**TOWN OF CANTON**  
**- WATER DEPARTMENT -**  
**APPLICATION FOR UTILITY SERVICE**

**A. Residential Application:**

Name: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Drivers Lic #: \_\_\_\_\_  
Name as it appears on SSN card: \_\_\_\_\_  
Other form of ID: \_\_\_\_\_  
Co-Applicant: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**B. Commercial Application:**

Name of Business: \_\_\_\_\_ Tax ID #: \_\_\_\_\_  
Contact Person: First \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last \_\_\_\_\_  
Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**C. Owner of Property/Landlord Information:**

Owner/Landlord: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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By signing this I (stated above) acknowledge that the Town of Canton has explained my responsibilities as a utility customer & also payment schedule; thus binding myself to comply with all of the requirements thereof or be held to subsequent penalties as provided by law. In addition, I accept responsibility for any damage to property due to water being cut on in my absence.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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**OFFICE USE ONLY**

Account #: \_\_\_\_\_ Connection Fee: \_\_\_\_\_  
Turn On Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Meter ID #: \_\_\_\_\_ Reading: \_\_\_\_\_