

TOWN OF CANTON
WATER DEPARTMENT
APPLICATION FOR UTILITY SERVICE
*****ACCOUNTS ARE BILLED MONTHLY*****

A. RESIDENTIAL :

FIRST _____ MI _____ LAST _____

SSN _____ - _____ - _____ DOB: ____/____/____ DRIVERS LIC# _____

CO-APPLICANT _____

SERVICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE: _____

EMPLOYER _____ PHONE _____

B. COMMERCIAL:

NAME OF BUSINESS: _____

TAX ID # _____ PHONE # _____

CONTACT PERSON NAME _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

C. OWNER OF PROPERTY/LANDLORD INFORMATION:

OWNER/LANDLORD: _____ PHONE # _____

ADDRESS _____

By signing this I (stated above) acknowledge that the Town of Canton has explained my responsibilities as a utility customer & also the payment schedule (**BILLS ARE SENT MONTHLY**) ; 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 my damage to property due to water being cut on in my absence

PRINT NAME _____ SIGNATURE _____

OFFICE USE ONLY

ACCOUNT # _____ CONNECTION FEE _____

TURN ON DATE ____/____/____ METER ID # _____ READING _____