



WATER DEPARTMENT: APPLICATION FOR UTILITY SERVICE

*** ACCOUNTS ARE BILLED MONTHLY ***

A. RESIDENTIAL:

First Name _____ MI _____ Last Name _____

SSN _____ DOB _____ Drivers License# _____

Co-Applicant Name _____

Service Address _____
Street _____ City _____ State _____ Zip _____

Mailing Address _____
Street _____ City _____ State _____ Zip _____

Phone _____ Email _____

Employer _____ Phone _____

How would you like to receive your bill? Paper Bill -or- Electronic Bill

B. COMMERCIAL:

Name of Business _____

Tad ID# _____ Phone _____

Contact Person Name _____

Service Address _____
Street _____ City _____ State _____ Zip _____

Mailing Address _____
Street _____ City _____ State _____ Zip _____

C. OWNER OF PROPERTY/LANDLORD INFORMATION:

Owner/Landlord Name _____ Phone _____

Service Address _____
Street _____ City _____ State _____ Zip _____

By signing this I (stated above) acknowledge that the Town of Canton has explained my responsibilities as a utility customer and 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 turned on in my absence.

Print Name _____ Signature _____

OFFICE USE ONLY:

Account# _____ Connection Fee _____

Turn on Date _____ Meter ID# _____ Reading _____