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NEW SERVICE APPLICATION FOR WATER & SEWER SERVICE

PLEASE PRINT

PROPERTY OWNER'S NAME: _____ DATE OF BIRTH: _____

SERVICE ADDRESS: _____

BILLING ACCOUNT # _____

MAILING ADDRESS: _____ HOME PHONE #: _____

DRIVER LICENSE # _____ CELL PHONE#: _____

PREVIOUS OCCUPANT: _____

DATE SERVICE TO BEGIN: _____

CLOSING DATE ON PROPERTY: _____

PREVIOUS ADDRESS: _____

If your previous address was serviced by City water in Watertown, do you want service discontinued at that address?

- Yes
- No

SIGNATURE _____ DATE: _____

HEART OF THE LUCE LINE TRAIL

309 Lewis Ave. S., P.O. Box 279, Watertown, MN 55388
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