

Application for Water Service

Customer Information – Anyone over the age of 18 must be listed on application

Applicant's Name _____

SS# _____ **DL#** _____

Email Address _____

Home Phone # _____ **Cell Phone #** _____

Previous Address _____

Current Employer & Phone # _____

Spouse/Roommate Name _____

SS# _____ **DL#** _____

Home Phone # _____ **Cell Phone #** _____

Current Employer & Phone # _____

18 & Older in Household _____

SS# _____ **DL#** _____

Home Phone # _____ **Cell Phone#** _____

Current Employer & Phone # _____

Location Information

Service Address - _____

City _____ Zip Code _____

Mailing address if different _____

City _____ Zip Code _____

ARE YOU RENTING THIS PROPERTY? Yes _____ No _____
(If yes then fill out below)

Owners Name _____

Owners Phone # _____

It is understood that if damage to the property should result from broken pipes, leaky plumbing, open faucets, or other malfunctions of appliances/equipment when service is connected it is the sole responsibility of the applicant/property owner, and Vilonia Waterworks Association is not any way liable.

I understand when I the applicant/property owner install a check valve this is a closed system and it is the property owner/plumbers decision to install a thermos expansion device.

Signature of Applicant _____

Date Signed _____