

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/18 & Older in Household _____

SS# _____ DL# _____

Home Phone # _____ Cell Phone# _____

➤ Service Address _____

City _____ Zip Code _____

➤ Mailing address if different _____

City _____ Zip Code _____

➤ ARE YOU RENTING THIS PROPERTY? Yes _____ No _____

Owners Name/Phone # **(If renting)** _____

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 _____