

**CITY OF SLATER  
WATER & RELATED SERVICES APPLICATION**

DATE OF SERVICE \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

NAME(S) OF OTHER ADULT OCCUPANTS \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

STREET

PO BOX

EMAIL: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(IF DIFFERENT)

STREET

PO BOX

CITY

STATE

ZIP

HOME PHONE # \_\_\_\_\_ WORK OR CELL # \_\_\_\_\_

DO YOU OWN \_\_\_\_\_ OR RENT \_\_\_\_\_ THE PROPERTY FOR WHICH YOU ARE APPLYING ?

IF RENTING, WHAT IS THE NAME & ADDRESS OF THE OWNER OF THE PROPERTY?

\_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

PHONE #(S) \_\_\_\_\_

SECURITY DEPOSIT REQUIRED:

**\$100.00\***

PAID \_\_\_\_\_

\*(Deposit will be paid within 2 weeks of occupancy or your water will be turned off, without notice)

**The undersigned hereby agrees to comply with the Ordinance, rules and regulations of the City. The undersigned agrees to be held individually responsible for the City utility account(s) herein applied for until account(s) is closed.**

SIGNATURE(S): \_\_\_\_\_

DATED SIGNED: \_\_\_\_\_

BELOW FOR OFFICE USE ONLY:

ACCEPTED BY: \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_