RESIDENTIAL APPLICATION
CITY OF SILSBEE WATER SERVICE

TO TURN WATER ON YOU NEED:
- **$200 DEPOSIT CHECK/CASH ONLY**
- **DRIVERS LICENSE**
- **DOCUMENTATION FOR ADDRESS**

APPLICANT _____

DRIVERS LIC _____ ST____ DOB _____

SOC SEC# _____

PHONE# _____

EMAIL _____

EMPLOYER _____

EMPLOYER ADDRESS _____

_____

CO APPLICANT _____

DRIVERS LIC _____ ST_____ DOB _____

SOC SEC# _____

PHONE# _____

EMAIL _____

EMPLOYER _____

EMPLOYER ADDRESS _____

_____

SPOUSE NAME _____

SPOUSE PHONE# _____

SERVICE ADDRESS _____ **MAILING ADDRESS** _____

_____

DATE SERVICE NEEDED _____ **HOUSE** ____ **TRAILER** ____ **#** ____ **APT** ____ **#** ____

OWN OR RENT **PROPERTY OWNER/LANDLORD/PROPERTY MGMT NAME** _____

ADDRESS _____

PHONE# _____ **CONTACT** _____

HAVE YOU EVER HAD WATER IN THE CITY OF SILSBEE BEFORE? YES NO ADDRESS _____

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF CO APPLICANT _____ **DATE** _____

FOR OFFICE USE ONLY

ACCOUNT# _____ **DATE OF APP.** _____

RECEIPT # _____ **CHECK #** _____ **CASH** ____ **CLERK** _____