

DEPOSIT AMOUNT: _____

DEPOSIT No.: _____

DATE OF DEPOSIT: _____



WORK ORDER No.: _____

EFFECTIVE DATE: _____

ACCOUNT No.: _____

APPLICATION FOR RENTAL PROPERTY

CUST. NAME: _____	SPOUSE NAME: _____
ADDRESS TO BE SERVED: _____	NO. IN HOUSEHOLD: _____
CITY: _____	HOME PHONE: _____
STATE: _____ ZIP: _____	EMERGENCY PHONE: _____
S.S. No.: _____	TRANS. DEPOSIT FROM: _____
OTHER MAILING ADDRESS: _____	EMPLOYER: _____
_____ P.O. Box No.: _____	PHONE No.: _____
CITY: _____	OWNER OF PROP.: _____
STATE: _____ ZIP: _____	PHONE No.: _____

AS APPLICANT, I HEREBY AGREE TO BE LEGALLY RESPONSIBLE FOR ANY AND ALL BILLS INCURRED FOR THE ADDRESS ABOVE, WHILE IN MY NAME.

SIGNATURE: _____ DATE: _____

AS DEPOSIT HOLDER: I REQUEST A TRANSFER OF DEPOSIT

FROM: _____ To: _____

SIGNATURE: _____ DATE: _____

CO-SIGNER: I HAVE BEEN ON GEORGETOWN WATER FOR ONE (1) YEAR AND OWN MY PROPERTY. I UNDERSTAND AND AGREE THAT I AM RESPONSIBLE FOR ANY AND ALL BILLS INCURRED IF NOT PAID FOR BY THE ABOVE APPLICANT. A DELINQUENT NOTICE WILL BE SENT TO ME IF BILLS ARE NOT PAID ON TIME BY THE APPLICANT.

FINAL BILLINGS INCURRED WILL ALSO BE MY RESPONSIBILITY IF APPLICANT LEAVES AND HAS NOT PAID THEIR BILL IN FULL.

SIGNATURE: _____ DATE: _____

ADDRESS: _____

SOCIAL SECURITY No.: _____ PHONE: _____