



NEW CUSTOMER INFORMATION SHEET
Please Print

Name Account is to be carried under: _____

Mailing Address: _____
Address

_____ City State Zip

Service Address: (If Different) _____

Telephone #: () - _____

Email: _____

Move in Date: _____

Would you like to pay by Automatic Check Withdrawal? YES NO

Buying? Renting? Driver's License #: _____

Contact Person: _____
Name (Owner--if Renting) Phone #

Place of Employment: _____
Name Phone #

For Office Use Only

Benefit Unit Transfer Checklist: Account # _____

New Tap? Y N Date of Closing: _____

Y N
1.) Application filled out _____ 1.) Name of Seller: _____

2.) Approved Septic System _____ 2.) Seller signed Transfer: _____

3.) Legal description on file _____ 3.) Buyer signed Transfer: _____

4.) Sellers last billing date _____ 4.) Name of Realtor _____

5.) Realtor Phone # _____

Rental? Y N Landlord _____