



New Water Service Application

Date_____

Customer 1_____

Customer 2_____

Service Address_____

Mailing Address_____

City, State_____ Zip Code_____

Phone # _____ Phone # _____

Email_____

*Driver's License 1_____ State_____ *Employer_____

*Date of Birth _____ *Work # _____

*Social Security _____

Driver's License 2_____ State_____ Employer_____

Date of Birth _____ Work # _____

Social Security _____

Landlord/Property Management's Name_____

Address_____ Phone # _____

Email completed form to hjohnson@barlingar.com

OFFICE USE ONLY

| | | |
|---|----------------------------------|------------------------------|
| <input type="radio"/> Transfer | Reading _____ | Deposit _____ |
| <input type="radio"/> New Customer | Last Account Number _____ | \$150 (Temp \$70) |
| <input type="radio"/> Turn On | New Account Number _____ | (Refundable) |
| <input type="radio"/> Read & Leave | Account Start Date _____ | Service Fee _____ |
| | | \$35 (non-refundable) |

***Make Copy/Required Information**