

City of Wells WATER SUPPLY

SERVICE APPLICATION AND AGREEMENT

CITY USE ONLY

Date Approved: _____

Account Number: _____

Rate Code: _____

Deposit \$: _____

Meter Install Date: _____

Meter Service Date: _____

Please Print: DATE SERVICE TO START: _____

APPLICANT'S NAME: _____

CO-APPLICANT'S NAME: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER Home (____) _____ - _____
 Cell (____) _____ - _____

Work (____) _____ - _____
 Cellphone Carrier: _____

EMAIL ADDRESS: _____

PROOF OF OWNERSHIP/RENTAL AGREEMENT PROVIDED: YES ____ NO ____ NUMBER OF OCCUPANTS _____

LANDLORD INFORMATION _____ ACCT # _____

ADDRESS _____ PHONE (____) _____ - _____

DRIVER'S LICENSE NUMBER OF APPLICANT _____ State _____

DATE OF BIRTH OF APPLICANT: _____

DRIVER'S LICENSE NUMBER OF CO-APPLICANT _____ State _____

DATE OF BIRTH OF CO-APPLICANT: _____

APPLICANTS EMPLOYED BY: _____ PHONE (____) _____ - _____

CO-APPLICANTS EMPLOYED BY: _____ PHONE (____) _____ - _____

PREVIOUS ADDRESS _____

EMERGENCY CONTACT _____ PHONE (____) _____ - _____

SPECIAL SERVICE NEEDS OF APPLICANT _____

By signing this application I agree to pay the balance billed each month by the City of Wells and any balance owed upon ending my water service with the City of Wells. I have received a copy of the "Rates & Regulations" and will abide by the rules and regulations and any revisions made in the future.

Signature _____ Date: _____

NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY.

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname. **PLEASE CHECK ALL THAT APPLY.**

Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race:	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

OFFICE USE ONLY

DEPOSIT AMOUNT _____ DATE PAID _____ IN COMPUTER _____

CASH __ CREDIT CARD __ CHECK __ # _____ RECEIPT # _____ PREVIOUS UNPAID BILL _____ PAID _____

Added to _____ Reading _____ Meter _____ Rate _____
MassCall _____ Sequence _____ Reading _____ Code _____ Route _____

DISCONNECT DATE _____ FINAL METER READING _____

DEPOSIT AMOUNT _____ FINAL BILL AMOUNT _____

REFUND AMOUNT _____ or BALANCE DUE CITY _____

CHECK NO _____ DATE _____

Changes made to contract (Office Use Only)

Date: _____ Changes Made _____

Date: _____ Changes Made _____

Date: _____ Changes Made _____

Date: _____ Changes Made _____

Date: _____ Changes Made _____

Date: _____ Changes Made _____

License Copied
Date: _____
Copied by: _____