

CITY OF YATES CENTER APPLICATION FOR WATER



DATE: _____

Applicant's Information

NAME: _____ MAIDEN NAME: _____

ADDRESS: _____

DO YOU (circle one) OWN RENT

LANDLORD'S NAME & ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE: _____ TELEPHONE #: _____

EMPLOYER: _____

Spouse's Information

SPOUSE'S NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE # _____ TELEPHONE #: _____

EMPLOYER: _____

DO YOU WANT THIS UTILITY BILL BILLED TO (circle one)

Applicant's Name Only or Applicant & Spouse

SIGNATURE OF APPLICANT: _____

- * You must have the name & address of your landlord or you will not be given water service.
- * You must have a picture ID with your name or water service will not be given.