

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

Date and time when you want water turned on _____.

* Applicant or designee will need to be present if water is not currently on.

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.