

MIDWAY WATER & SEWER SERVICE
APPLICATION FOR WATER, SEWER & GARBAGE SERVICE

DATE OF SERVICE: _____ DATE OF DEPOSIT _____

ACCOUNT NUMBER: _____ METER READING: _____

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ CELL PHONE: _____

MAILING ADDRESS: _____

PROPERTY OWNER: _____

PREVIOUS ADDRESS: _____

YEARS AT PREVIOUS ADDRESS: _____ NUMBER IN HOUSEHOLD _____

SOCIAL SECURITY NUMBER _____ DRIVERS LIC# _____

LIST LAST WATER AND SEWER SERVICE PROVIDER: _____

SIGNATURE: _____ DATE: _____