RIVENDALE BY THE LAKE APPLICATION FOR UTILITY SERVICE

APPLICANT:				
SERVICE ADDRESS:	CITY, STATE, ZIP:			
MAILING ADDRESS:	CITY, STATE, ZIP:			
TELEPHONE: Home	Cell	Work _		
DRIVER'S LIC #:	(Need Copy)	STATE:		
*** If renting, g	ive owner's name and address	. Furnish copy of rental agi	eement.***	
Owner's Name:	Pho	ne Number:		
Owner's Address:	City, State, Zip:			
APPLICANT'S PREVIOUS ADDRESS:		CITY, STATE, ZII	CITY, STATE, ZIP:	
PREVIOUS WATER SUPPLIER: _		CITY, STATE, ZII	o:	
APPLICANT'S EMPLOYER:		TELEPHONE:		
EMPLOYER'S ADDRESS:		CITY, STATE, ZII	P:	
* DEPOSITS REQUIRED: I agree to pay j	Water Depos Sewer Depos Garbage Dep <u>Water Conne</u> Total for all utility services as suppli	sit posit ection Fee	\$ 250.00	
APPLICANT'S SIGNATURE:		DATE:		
	OFFICE USE (ONLY		
Date Paid:Check #:	Money Order #	Amount Baid		
Credit Card:	3% Fee:	Amount Paid: Total Paid Credit Card:		
Start Date:	Sanitation Carts:			
Account #:	SOD Exempt:			
W/O #:	Radio/Antenna:			