

**VILLAGE OF EVANSVILLE
UTILITY SERVICE REQUEST FORM**

Name: _____ Date: _____

(person responsible for account)

Street Address: _____

P.O. Box or Apt # _____

City: _____ State: _____ Zip Code: _____

AND/OR

Mailing Address: _____

P.O. Box or Apt# _____

City : _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone: _____

Date to Begin water and/or sewer service: _____

If you are the RENTER:

Name of the Landlord: _____

Address of the Landlord: _____

For Office Use Only:

Account Number: _____ Route/Sequence #: _____

Street Address: _____

Water Meter Deposit received \$ _____ Cash _____ Check # _____ Money Order _____

Date Payment Received _____ Copy of Driver's License: _____ (check)

Inspection Fee: _____ (how paid) Inspection Date: _____ (attach form)

Notes:

Social Security Number : _____

Received by: _____ Title: _____

ACCOUNT CAN ONLY BE DISCUSSED WITH THE PERSON (S) THAT ARE LISTED ON THE APPLICATION FOR WATER.