

ML. _____

ROUTE _____

SERV. _____

**WESTBOROUGH WATER DISTRICT
APPLICATION FOR WATER AND SEWER SERVICE**

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION.

NAME (S) _____ (As desired on bill)

SERVICE ADDRESS _____

BILLING ADDRESS _____

(If different than service address)

HOME PHONE NO. () _____ - _____ DRIVER'S LICENSE NO. _____

(OR State I.D. No.)

WORK PHONE NO. () _____ - _____ SOCIAL SECURITY NO.* _____

*Note: Disclosure of one's social security number is voluntary and will be used to assist in ensuring that payment can and will be made for services provided. Additional information will be required when not disclosed.

NO. OF PEOPLE IN HOUSEHOLD _____ DATE FOR SERVICE TO BEGIN: ____ / ____ / ____

CHECK HERE IF TEMPORARY SERVICE (Landlords only) _____

EMPLOYER'S NAME AND ADDRESS _____

Please indicate: OWNER _____ RENTER* _____

***IF RENTING, please provide us with the following information:**

Property Owner/Landlord's Name: _____ Phone No. () _____ - _____

Address: _____

**ALL APPLICANTS: Please provide us with an \$150.00 deposit (Cash, Check, Money Order, or Credit Card/ATM).
This deposit will be applied to your closing bill upon termination of service; any funds remaining will be refunded to account holder(s) only.**

____ I AM ENCLOSING \$150.00 CASH, CHECK OR MONEY ORDER OR

____ I AUTHORIZE WESTBOROUGH WATER DISTRICT TO CHARGE MY \$150.00 DEPOSIT TO MY:

____ VISA ____ MasterCard ____ ATM

IF FAXING OR MAILING APPLICATION AND PAYING BY CREDIT CARD, PROVIDE THE FOLLOWING INFORMATION:

ACCT.NO. _____ EXP. DATE ____ / ____ BILLING STATEMENT ZIP CODE: _____

I HAVE READ AND UNDERSTAND THE BILLING PROCEDURES FOR WATER AND SEWER SERVICE: _____ (Initials)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

SIGNATURE OF APPLICANT

DATE OF APPLICATION

FOR USE BY DISTRICT PERSONNEL ONLY

OWNER ____ RENTER ____ PAID \$150.00 DEPOSIT BY: CASH ____ CHECK ____ CHECK NO. _____

VISA, MC, OR ATM # _____ Exp. ____ / ____

APPLICANT(S) _____ ACCT.NO. _____

SERVICE ADDRESS _____

DATE APPLICATION RECEIVED _____ PROCESSED BY _____