

RESIDENTIAL REQUEST FOR WATER and/or SEWER SERVICE

DISTRICTUSEONLY: Serv.ID _____ Acct# _____ S/N _____ Rt# _____

Last Name/Company: _____ First Name: _____ Middle Intl: _____ Spouse Name: _____

Service Address:

STREET CITY STATE/ZIP

Billing Address: (if different)

STREET CITY STATE/ZIP

Email: _____ E-Billing: YES NO

Move In Date: _____ Cell Phone: _____ Home Phone: _____

Work Phone: _____ Please Check One: RENT OWN

I HAVE RECEIVED AND READ THE DISTRICTS POLICY LETTER.

Print Name: _____ Signature: _____ Today's Date: _____

OWNER and/or PROPERTY MANAGER INFORMATION

Last Name/Company: _____ First Name: _____ Middle Intl: _____ Spouse Name: _____

Home or Property Manager Address:

STREET CITY STATE/ZIP

Billing Address: (if different)

STREET CITY STATE/ZIP

Home Phone: _____ Work Phone: _____ Cell Phone: _____

IMPORTANT RENTER INFORMATION: FOR A CUSTOMER REQUESTING UTILITY SERVICE THAT IS NOT THE OWNER OF THE PROPERTY, THE CUSTOMER HEREBY AUTHORIZES SECURITY WATER DISTRICT & SECURITY SANITATION DISTRICT TO SHARE INFORMATION WITHIN ITS FILES WITH THE PURPORTED OWNER / MANAGER OF THE PROPERTY CONCERNING THE STATUS OF THE UTILITY SERVICE PROVIDED TO THE PROPERTY, INCLUDING, WITHOUT LIMITATION, THE UTILITY USAGE AND THE STATUS AND HISTORY OF PAYMENT FOR THE UTILITY SERVICE. THE CUSTOMER UNDERSTANDS AND AGREES THAT THIS CONSENT AND AUTHORIZATION CANNOT BE WITHDRAWN OR RESCINDED.

Renter Signature: _____

