

FIRST UTILITY DISTRICT OF HARDIN COUNTY
APPLICATION FOR WATER SERVICE

Date of Service

Date of Birth

Service Address

Billing Address

Residential _____ Commercial _____ Sprinkler System _____
House _____ Apartment _____ Mobile Home _____

First Middle Last

Date of Birth

2ND First Middle Last

Date of Birth

Phone Number

2ND Phone Number

Driver's License Number

2ND Driver's License Number

Social Security Number

2ND Social Security Number

Do you own the property where service is requested? Yes _____ No _____

If No, who is the owner? _____

Have you received service from First Utility District Before?

No _____ Yes _____ Location _____

Does your property use a septic tank or is it connected to a sewer system? _____

AGREEMENT: The applicant hereby agrees to comply and be bound with and be subject to all applicable Federal and State Laws and Utility Department Rules & Regulations.

I, the undersigned, do hereby understand and agree to the above requirements.

Signature of Applicant

Date

2nd Applicant's Signature

Date

First Utility District of Hardin County is an Equal Opportunity Provider and Employer.
Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, Washington DC 20250-9410

OFFICE USE ONLY

SEQUENCE

SERIAL

RADIO READ

PREV. CUST. NUMBER

OLD ACCT NUMBER

LAST METER READ

PYMT & TYPE

ROUTE #

New Cust. Number

RR Meter Type

