TOWN OF TRIANA WATER WORKS AND SEWER BOARD
APPLICATION FOR WATER SERVICES

DATE: _____ ACCOUNT NO: _____

SERVICES LOCATION: _____

NAME: _____
LAST FIRST MIDDLE

BILLING ADDRESS (If different from services): _____

_____ PHONE: _____

PLACE OF EMPLOYMENT: _____PHONE: _____

RACE: American Indian or Alaska Native _____ Asian _____ Black or African American ___ Native Hawaiian or other Pacific Islander_____ White or Caucasian _____ Prefer Not to Answer _____

ETHNIITY: Hispanic ____ Non-Hispanic ____ Prefer Not to Answer _____

GENDER: Male _____ Female _____

SPOUSE NAME: _____

NEAREST RELATTIVE (Not living with you): _____

BUYING: ___ RENTING: ___ LANDLORD OR MORTAGE HOLDER: _____

DATE REQUEST SERVICES TO START: _____

DATE SERVICES STARTED: _____

COMMENTS: _____

This deposit(s) is security for Payment of Bill for Services Rendered. It will be refunded after services have been discontinued, less any unpaid balance due the Town of Triana water Works and Sewer Board.

Amount of Deposit: _____

I affirm that the above information is correct.

_____ _____
Applicant Signature Date