



CITY OF ELOY
WATER/SEWER/GARBAGE SERVICE
APPLICATION

DATE: _____ ACCOUNT NO.: _____

BUSINESS NAME: _____
(If applicable)

APPLICANT'S NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

OWNER _____ RENTER _____ LANDLORD'S NAME: _____
(If applicable)

PHONE/MESSAGE PHONE NO.: _____ CELL PHONE NO.: _____

IDENTIFICATION INFORMATION:

SOCIAL SECURITY NO.: _____

DRIVER'S LICENSE NO.: _____ STATE OF ISSUE: _____

EMPLOYER'S NAME: _____ ADDRESS: _____

IF JOINT ACCOUNT:

SPOUSE'S NAME: _____

SPOUSE'S SOCIAL SECURITY NO.: _____

SPOUSE'S EMPLOYER: ADDRESS: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____

PHONE NO.: _____

SERVICE APPLIED FOR:

WATER _____ SEWER _____ GARBAGE _____

APPLICANT'S SIGNATURE: _____ DATE: _____