

VILLAGE OF GOREVILLE

**NEW CUSTOMER APPLICATION
WATER AND SEWER**

NAME _____ **DATE OF BIRTH** _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

DRIVERS LICENSE _____

SOCIAL SECURITY # _____

PREVIOUS ADDRESS _____

TELEPHONE# _____

ALTERNATE TELEPHONE# _____

EMAIL ADDRESS _____

EMPLOYER _____

DATE CONNECTED _____ **DEPOSIT(YES/NO)** _____ **AMOUNT** _____

OWN/RENT? _____ **IF RENT, NAME OF LANDLORD** _____

NUMBER OF PEOPLE LIVING IN HOME _____

EMERGENCY CALL OUT LIST (YES/NO)

(FOR OFFICE USE ONLY)

METER# _____ **ACCOUNT ID** _____
