

# CITY OF TAYLOR WATER APPLICATION

NAME OF APPLICANT \_\_\_\_\_

ADDRESS OF SERVICE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

DRIVERS LICENSE NO. AND STATE OF ISSUE \_\_\_\_\_  
ATTACH COPY OF LICENSE...

NAME OF EMPLOYER \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_

EMPLOYER PHONE NO. \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_ RENTER \_\_\_\_\_

\$75.00 DEPOSIT

\$175.00 DEPOSIT

ATTACH COPY OF PROOF OF OWNERSHIP.

ATTACH COPY OF LEASE.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE \_\_\_\_\_