

# Violet WATER SUPPLY CORPORATION RENTERS APPLICATION

## CORPORATION USE ONLY

Date Approved: \_\_\_\_\_  
Service Classification: \_\_\_\_\_  
Cost: \_\_\_\_\_  
Work Order Number: \_\_\_\_\_  
Eng. Update: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Service Inspection Date: \_\_\_\_\_

**Please Print:** DATE \_\_\_\_\_ MOVE IN DATE: \_\_\_\_\_

RENTERS NAME: \_\_\_\_\_

OWNER/MEMBERS NAME: \_\_\_\_\_

CURRENT BILLING ADDRESS:

FUTURE BILLING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER - Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CELL PHONE NUMBER - (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DRIVER'S LICENSE NUMBER OF RENTER \_\_\_\_\_

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HOUSE \_\_\_\_\_ MOBILE HOME \_\_\_\_\_ RENTAL PROPERTY \_\_\_\_\_

ACREAGE \_\_\_\_\_ HOUSEHOLD SIZE \_\_\_\_\_

NUMBER IN FAMILY: Adults \_\_\_\_\_ Children \_\_\_\_\_ LIVESTOCK & NUMBER \_\_\_\_\_

SPECIAL SERVICE NEEDS OF APPLICANT \_\_\_\_\_

\_\_\_\_\_

NOTE: FORM MUST BE COMPLETED BY RENTER ONLY.