# Chester Water Authority
# Application for Water Service

**FOR OFFICE USE ONLY**

**Account Number:** _____ **Customer Number:** _____

**Deposit Amount:** _____

**Comments:** _____

_____

Customer Name: Last First Middle Initial

Social Security No. or Tax Identification No. | Driver's License No. Issuing State

Telephone No. (Day) | (Evening)

Email Address

Spouse's Name: Last First Middle Initial

Spouse's Social Security No. or Tax Identification No. | Driver's License No. Issuing State

Service Address: Municipality State Zip Code

Mailing Address (if different than Service Address) Municipality State Zip Code

Customer is: (complete the appropriate section)

_____ Owner and occupant of the property.

_____ Tenant/Renter occupying property.

Landlord's Name: _____

Landlord's Address: _____

_____

_____ Landlord with tenants occupying property. List tenant names and apartment numbers on the reverse side of this form.

I represent that the above information is true and accurate. I understand that any false information provided may cause the Authority to terminate water service. I have also read and understand the information given to me regarding the application for the use of water, which outlines my responsibilities as a customer.

_____ _____

Customer Signature Date