

APPLICATION FOR WATER & SEWER SERVICE
Village of Walworth Municipal Water & Sewer
227 N. Main Street, PO Box 400, Walworth WI 53184
262-275-2127

For customers moving in, please complete the top half of this form only.

PLEASE PRINT

NAME			APPLICATION DATE		
SERVICE ADDRESS			DATE SERVICE BEGINS		
CITY Walworth	STATE WI	ZIP 53184	TELEPHONE NUMBER		
MAILING ADDRESS(if different from service address):			EMAIL ADDRESS		
CITY	STATE	ZIP			
PREVIOUS ADDRESS: STREET		CITY	STATE	ZIP	
DATE OF BIRTH		DRIVER'S LICENSE NO.			

Is this a rental? Yes _____ No _____ If Yes, please provide landlord's name. _____

The undersigned hereby makes application to Village of Walworth Water & Sewer Utility subject to its rates, rules & regulations.

Signed: _____ Social Security No. or Tax ID No. _____

FOR OFFICE USE ONLY

ACCOUNT NO. _____ ROUTE & SEQUENCE NO.: _____ TAX KEY NO.: _____

REMOTE NO. CODE _____

METER LOCATION NO. _____

READINGS	MOVE IN	MOVE OUT
PREVIOUS		
PRESENT		
READING BY		
DATE READ		

For Customer Moving Out:	
Date Request Rec'd:	Reading Date
Name on Account:	
Service Address:	
Forwarding Address:	
Remarks:	
Customer Phone No.	