MARYSVILLE OTISCO NABB WATER CORPORATION APPLICATION FOR WATER SERVICE

DATE OF APPLICATION	DATE SERVICE REQUESTED
YOUR NAME	
SPOUSE'S NAME	
ADDRESS OF WATER	
BILLING ADDRESS	
HOME PHONE NUMBER OR CONT	TACT NUMBER
PLACE OF EMPLOYMENT	
EMPLOYMENT ADDRESS	
CHECK ONE:RENTER	OWNER EMAIL ADDRESS
NUMBER OF OCCUPANTS:	
IF PROPERTY OWNER IS DIFFER	ENT, THEIR NAME AND ADDRESS:
NAME AND ADDRESS OF WATER	COMPANY WHERE YOU LAST RECEIVED SERVICE:
I ATTEST THAT ALL OF T	HE PRECEDING INFORMATION IS TRUE.
SIGNATURE OF A	PPLICANT:
OFFICE USE ONLY	SUPERINTENDENT USE
SERVICE SCREEN #1 SERVICE SCREEN #2 INDEX CARD	ACCOUNT NUMBER TYPE OF SERVICE
METER BOOK	METER I D #
LOGS MEMBER APPROVAL	GALLONS ON METER
WTR USERS LETTER	
WORK COMPLETED BY	DATE