



CITY OF ELOY WATER/SEWER/GARBAGE SERVICE APPLICATION

DATE: _____

OLD ACCT # _____

START DATE: _____

NEW ACCT# _____

BUSINESS NAME (if applicable): _____

APPLICANTS NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

TELEPHONE: _____ MESSAGE: _____ CELL PHONE: _____

OWNER RENTER LANDLORD'S NAME: _____

IDENTIFICATION INFORMATION:

DRIVER'S LICENSE # _____ STATE OF ISSUE _____

SOCIAL SECURITY # _____

EMPLOYER'S NAME _____ ADDRESS _____

BUSINESS TX ID # _____

IF JOINT ACCOUNT:

NAME: _____

SOCIAL SECURITY # _____

EMPLOYER _____ ADDRESS _____

IN CASE OF EMERGENCY:

NAME _____ TELEPHONE _____

SERVICE APPLIED FOR:

WATER _____ SEWER _____ GARBAGE _____

HAVE CONTAINER: ___ YES ___ NO

APPLICANTS SIGNATURE: _____

UB AGENT _____