

Account # _____

Application for Water Service
(Please Print)

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your Driver's License Number: _____

Name of Co-Applicant: _____ Date of Birth: _____

Co-Applicant's Driver's License Number: _____

Phone Number: (Cell): _____ (Cell): _____
(Primary) (Co-Applicant)

Does Property Have a Pool? () Yes () No

Have You Been on the Nebo Water District Before? () Yes () No

If so, Previous Address: _____

Signature: _____ Date: _____

If you are a renter: name of owner: _____

Phone #: _____

For Office Use Only

Application Approved _____

Application Not Approved _____

Reason _____