

ORDER FOR NEW SERVICE

HARRODSBURG WATER DEPARTMENT

DATE FOR TURN ON: _____ DEPOSIT NUMBER: _____

We welcome you as a new customer to the Harrodsburg Municipal Water Department. Please fill in the following information. Your security deposit to begin water/sewer/garbage service will be \$ _____

for (circle one) **Residential** **Commercial** **Industrial** **Apartments** **Restaurants** **Hotel**

Have you ever had service with Harrodsburg City Water in the past? **Yes** or **No**

If So, Please list address: _____

Do you rent or own (if Renting, Landlord Name) _____

Customer Name: _____ Email: _____

Customer Social Security Number: _____

Customer Driver's License Number: _____

Home/Cell Number: _____ Work Number: _____

Place of Employment: _____

Spouse/Other Occupant Name: _____ Email: _____

Co Applicant Social Security Number: _____

Co Applicant Driver's License Number: _____

Home/Cell Number: _____ Work Number: _____

Place of Employment: _____

Service Address (location being turned on): _____

Mailing Address (if different than service address): _____

Previous Address: _____

Turn off request: **Yes** or **No** Date requested: _____

Signature of person responsible for submitting payment:
