

CITY OF FRANKLIN
APPLICATION FOR RESIDENTIAL WATER SERVICES

(Please print)
Name _____

Service Address _____

Mailing Address _____

Social Security # _____ Drivers License # _____

Home Phone # _____ Work Phone # _____

Spouse's Name _____

Spouse's Social Security # _____ Drivers License # _____

Employer _____

Employer Address _____

Name of nearest relative not living with you _____

Relationship to you _____ Home Phone # _____

Street Address _____ City/State _____ Zip _____

Your Previous Address _____ City/State _____ Zip _____

How Long There _____ Previous Water Co. _____

Office Use Only
Date of Application _____ Time _____ AM PM

Account Number _____ Meter Number _____

Deposit Amount _____ Receipt Number _____ Money Order
Type: _____ Cash _____ Check _____

City Representative Name _____ Date _____

Customer Signature _____ Date _____