City of Carthage
Application for Service

Deposit Amount:_____

Your Name or Business Name:	Spouses Name:
Social Security / Tax ID#:	Social Security #:
DL#: State DOB	DL#: State DOB
Phone: Cell:	Spouse Cell:
Employer: Phone:	Employer: Phone:
New Physical Address:	Nearest Relative Name (not living with you): Phone:
Mailing Address (if different):	Names of Other People Living in the Home:
Your Previous Address:	For Office use only: Account Number
Own: Yes No Rent: Yes No	Landlord: Phone:

I request water service to the above address and agree to pay all bills incurred through date service is terminated. I understand it is my responsibility to contact the water office to terminate service so I will not incur any additional charges. I request all information about my account to remain confidential. I also understand the meter at this address belongs to the City and I am not to tamper with the meter which is a state jail felony.

Signature: Date:

Your Email Address: