



VILLAGE OF ASHMORE

APPLICATION FOR WATER SERVICE

Equal Opportunity Provider

Name of Applicant: _____

Service Address: _____

Mailing Address: _____

Photo Identification (please provide a copy): ID Type: DL / ID / Pspt

Number: _____ State: _____

Social Security Number: _____

Home phone number: _____ Cell number: _____

Email Address: _____

Previous Ashmore Utility Billing Customer? (Yes / No)

FOR RENTERS: Property Owner (Landlord) Name: _____

Would you like to be enrolled in text and/or email alerts? Text Email No

I hereby certify that the information provided is complete and accurate to the best of my knowledge. Failure to provide accurate information or the intentional falsification of information may result in denial of water service and/or referral to the appropriate law enforcement agency.

Applicant's Signature _____

Date _____

TO BE COMPLETED BY THE UTILITY

Date Water Service Requested: _____

Account number for water meter: _____

Meter ID #: _____ MIU#: _____

Incoming meter reading: _____

\$60 Deposit submitted ☐

Logged in Excel? ☐

Inputted in Asyst Utility Billing? ☐

Inputted in Asyst GL? ☐

Any prior O/S Balance? ☐ Yes ☐ No

Logged in Connect/Disconnect Report? ☐

**** Make sure all water customers receive a WELCOME form ****