APPLICATION FOR WATER

CITY OF TABOR

NAME_____D.O.B._____PHONE_____

ADDRESS_____ Own or Rent (circle one)

WORK NUMBER_____DRIVERS LICENSE NUMBER_____

EMERGENCY CONTACT_____PHONE_____

EMAIL_____

SS#_____ $50 DEPOSIT(**Owner**) PAID_____Date_____

$100.00 (renter) PAID_____Date_____

SIGNED_____

PRINTED NAME_____

DATE_____