

VILLAGE OF MAYWOOD
APPLICATION FOR WATER CONNECTION
40 Madison Street

Name: _____ Social Security # _____

Service Address _____ Service Address _____

Billing Address _____ City, State, Zip _____

Place of Employment _____ Address _____

Phone number _____ how long at this location? _____

Do you own or rent? _____ Landlord's Name _____

Landlord's Address _____ City _____ State _____ Zip _____

CREDIT HISTORY

Previous address _____ City _____ State _____ Zip _____

How long at previous address _____ if less than 2 years, provide 2nd _____

Address _____ City _____ State _____ Zip _____

Drivers Lic # _____ Exp Date _____ Birth date _____

Nearest relative not living with you _____

Address _____ Phone Number _____

MAYWOOD REFERENCES

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Note: For all delinquent accounts 60 days past due, a letter of notification will be sent to the landlord. 90 days past due water service will be terminated with notice to landlord.

DO NOT WRITE BELOW – WATER DEPARTMENT USE ONLY

Meter number _____	Size _____	Service Date _____
Beginning read _____	Previous owner/user _____	
Number of units _____	Activation fee \$50.00	
Deposit amount _____	Total due _____	
Account number _____	Date _____	