



CITY OF

Atlantis

UTILITIES DEPARTMENT

MO THORNTON
CITY MANAGER

STEVE MAZUK
UTILITIES DIRECTOR

WATER SERVICE APPLICATION

DATE SERVICE IS REQUESTED _____

NAME _____

PROPERTY ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____

SOCIAL SECURITY NUMBER _____

DRIVER'S LICENSE NUMBER _____

NAME AND PHONE NUMBER OF NEAREST RELATIVE THAT DOES NOT LIVE WITH YOU
TO CONTACT IN CASE OF AN EMERGENCY

*The city of Atlantis may run a credit check prior to providing services and will use all means necessary to collect overdue invoices. Failure to pay will result in disconnection of services. Additional fees may apply.

Tenant's signature

Deposit Amount _____ **Date Paid** _____

Method of payment _____

Received by _____