

DECATUR WATER & WASTEWATER
CUSTOMER INFORMATION SHEET

NAME _____

SS# _____ DL# _____

DATE OF BIRTH _____ PHONE# _____

MAILING ADDRESS _____ STATE _____ ZIP _____

SERVICE ADDRESS _____

EMPLOYER NAME _____

EMPLOYER ADDRESS _____ PHONE# _____

NEAREST LIVING RELATIVE (NOT LIVING WITH YOU)

NAME _____ PHONE# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____

I UNDERSTAND THAT BY SIGNING THIS THAT I AM RESPONSIBLE FOR ALL
PAYMENTS DUE ON THIS ACCOUNT.

If you are renting, who is the landlord?

Name: _____

Phone number: _____