REQUEST FOR NEW SERVICE

Name _____

Have you had service with us before? Select _____ **Account #** _____

New Service Address: _____

City, State, Zip: _____

Mailing Address: _____

Phone #1 _____ **Phone #2** _____ **Phone #3** _____
(Phone #1 must be your primary number if you plan to use Web or Phone Pay)

Email _____ **DL State** Select _____ **DL #** _____

Employer _____ **Social Security #** _____

Occupation _____ **Requested Service Date** _____

I acknowledge the deposit is being made on behalf of the person designated as customer and that any outstanding charges after termination of service will be deducted from the deposit. The balance, if any, will be returned to the above named customer. I have also received Wayne Water Districts Rules & Regulations.

Signature: _____ **Date** _____

PREFERRED METHOD OF CONTACT: **EMAIL** ☐ **PHONE** ☐

Internal Use Only - Identification scanned _____ **Online Utility Rating Date** _____

THIS DOCUMENT MUST BE VALIDATED BY WAYNE WATER DISTRICTS TO ACT AS PROOF OF SERVICE REQUEST.

IMPORTANT NOTICE: This form does not disconnect service from your current address. If you need to terminate service at another address, you must also complete a Request for Service Disconnection.