

TOWN OF ARRIBA
UTILITY APPLICATION FOR SERVICE

Service Address:

Service Date to begin:

Services Applied for: ***Water*** ***Sewer***
Customer Status ***New*** ***Return Customer***
Address of Previous Service:
Year:

Applicant's Name

Driver's License #
Please attach a copy of
your driver's license!

Co-Applicant's Name

Driver's License #

Mailing address:

Telephone: **Home** **Work** **Other**
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APPLICANT'S SIGNATURE

DATE

**RENTERS, PLEASE PROVIDE THE FOLLOWING
INFORMATION REGARDING PROPERTY OWNER**

Property Owner:

Address:

Telephone:

PROPERTY OWNER'S SIGNATURE:
DATE

Office Use Only: