

Utility Release Grange-Calamine Water Association, Inc.

Service Address: _____ City: _____

Applicant Status: Owner Tenant D.O.B : _____

Applicant's S.S.No. _____ Applicant's D.L. No. _____

***Copy of Applicant's Drives License is Required _____**

Owner's Information (Please Print)	
Name(s) _____	
Mailing Address _____	
Phone (Home) _____	(Cell) _____
Email _____	
Employed By: (1) _____ (2) _____	

Tenant's Information (Please Print)	
Name(s) _____	
Mailing Address _____	
Phone (Home) _____	(Cell) _____
Email _____	
Employed By: (1) _____ (2) _____	

Date of Occupation of Premises: _____

For Office Use Only
Customer No: _____
Service I.D: _____

List all adults over 18 and their drivers license numbers who will living at the premises:

1: _____

2: _____

Last water utility with whom you had service: _____

I hereby authorize any utility company (electric, gas, water, etc.) to supply upon request to GCWA all pertinent information concerning the above listed address and individuals. This information may be needed to verify and confirm information supplied by the above tenants. A picture ID is required before service can be connected.

I understand that if my account becomes sixty (60) days delinquent, the shut-off process will be enforced immediately, and that any fees and penalties for that process will be applied to my account. This amount will also include a reconnect fee required to restore service.

I certify that the above information is correct and that I do not owe any outstanding balance due to GCWA at the above address or any other address served by GCWA. I realize that any incorrect or misrepresented information could be considered fraud and could result in subsequent disconnection of water service in the future.

Applicant Signature: _____ **Date:** _____

Deposit & Connection Payment Information

Dep. Rec. # _____ Payment Amount _____ Payment Type _____ Date Pd. _____