

# SALINA PWA SERVICE APPLICATION

## APPLICATION INFORMATION

|                   |          |
|-------------------|----------|
| NAME:             | PHONE #: |
| DATE OF BIRTH:    | EMAIL:   |
| SERVICE ADDRESS:  |          |
| MAILING ADDRESS:  |          |
| CURRENT EMPLOYER: | PHONE #: |
| EMPLOYER ADDRESS: |          |

## SPOUSE INFORMATION IF JOINT MEMBERSHIP

|                   |          |
|-------------------|----------|
| NAME:             | PHONE #: |
| DATE OF BIRTH:    | EMAIL:   |
| CURRENT EMPLOYER: | PHONE #: |
| EMPLOYER ADDRESS: |          |

## EMERGENCY CONTACT

|   |          |           |
|---|----------|-----------|
| NAME OF A RELATIVE NOT RESIDING WITH YOU: |          |           |
| RELATIONSHIP:                             | PHONE #: |           |
| ADDRESS:                                  |          |           |
| CITY:                                     | STATE:   | ZIP CODE: |

## PROPERTY OWNER

|          |          |
|----------|----------|
| NAME:    | PHONE #: |
| ADDRESS: |          |

**BY SIGNING BELOW YOU HEREBY AGREE TO PAY THE ESTABLISHED RATES FOR SERVICES IN ACCORDANCE WITH THE RULES AND REGULATIONS GOVERNING SAID SERVICES. THIS APPLICATION BECOMES A LEGALLY BINDING CONTRACT UPON THE ESTABLISHMENT OF SERVICE.**

|                         |       |
|-------------------------|-------|
| SIGNATURE OF APPLICANT: | DATE: |
|-------------------------|-------|

## OFFICE USE ONLY

|                  |                   |            |
|------------------|-------------------|------------|
| DEPOSIT:         | SERVICE FEE:      | ACCOUNT #: |
| WORK ORDER #:    | METER READING:    |            |
| ROUTE #:         | SERVICES ENTERED: |            |
| DEPOSIT ENTERED: | BOOK CHANGED:     |            |