

# MARKLE WATER UTILITY COLLECTION REQUEST FORM

TURN ON REQUEST	
Date:	Deposit Amount:
Name:	Account Number:
Mailing Address:	
Service Address:	
<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> Landlord	
Phone Number:	Social Security Number:
Date of Birth:	
<u>For Businesses Only:</u> Name of Registered Agent/Highest Ranking Officer: Address:	
Customer Signature:	Printed Name:

\* Copy of Drivers License attached.

\_\_\_\_\_ Initials