

Markle Water Utility Request Form

Date: _____

****Please attach copy of Driver's License****

Name: _____

Social Security Number: _____

Date of Birth: _____

Phone Number: _____

Mailing Address: _____

Service Address: _____

Owner

Renter

Landlord

For Businesses Only

Name of Registered Agent/Highest Ranking Officer: _____

Address: _____

Customer Signature: _____

Date: _____

For Office Use Only

Deposit Amount:

Account Number: