City of Pelham Water, Sewer & Garbage Application

Effective Date _____ Lot # _____

Name _____

Service Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

D.L. # _____ S.S. # _____

Phone (W) _____ (H) _____

Previous Customer _____

Water Currently: On _____ Off _____ Unknown _____

Rental **Yes** _____ No _____

Residential ☐ Business ☐ Type _____

Signature _____ **Date** _____

RESPONSIBLE PARTY

Print Name _____

OFFICE USE ONLY

Route _____

Acct.# _____

Cust. _____

WO # _____

LT _____

Meter # _____

Reading _____

Comp/Date _____

Sign. _____

Transfer _____

Deposit _____

New Ser. _____

Meter _____

Receipt # _____