

WATER ACCT # \_\_\_\_\_

DEPS\$ \_\_\_\_\_

**UTILITY RELEASE FORM FOR**

**BATESVILLE WATER UTILITIES AND/OR PFEIFFER PUBLIC WATER AUTHORITY**

**PREMISE INFORMATION**

SERVICE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OWN: \_\_\_\_\_ RENT/LEASE: \_\_\_\_\_ I REQUEST TO RECEIVE TEXT MESSAGES: \_\_\_\_\_

***IF RENT OR LEASE, PLEASE PROVIDE THE FOLLOWING INFORMATION:***

PROPERTY OWNERS NAME & PHONE NUMBER: \_\_\_\_\_

DATE TENANT OCCUPIED THIS ADDRESS: \_\_\_\_\_

***LIST ALL OTHER ADULTS OVER 18 YRS OLD LIVING AT THIS SERVICE ADDRESS:***

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_ SS# \_\_\_\_\_

\*\*\*Please use back of form for any additional occupants\*\*\*

**\*\*\*\*\* UTILITY RELEASE AGREEMENT (TO BE SIGNED BY TENANT (APPLICANT)) \*\*\*\*\***  
**Information provided will be submitted to Water Utility Data Base for identifying past due accounts**

I hereby authorize any utility company (electric, gas, water, cable, etc.) to supply upon request to Batesville Water Utilities or Pfeiffer Water Authority, 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 I.D. may be required before service can be connected.

I certify that the above information is correct and also verify that I and any adults over 18 years old listed above do not owe any outstanding bills to Batesville Water Utilities or Pfeiffer Public Water Authority at the above address or any other address served by Batesville Water Utilities or Pfeiffer Water Authority. All adults over 18 years old listed above are responsible for bills incurred at the above address. 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's Name (PLEASE PRINT)**

\_\_\_\_\_  
**Co-Applicant Name (PLEASE PRINT)**

\_\_\_\_\_  
**Applicant's Social Security Number**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Applicant's Driver's License Number**

\_\_\_\_\_  
**Driver's License Number**

\_\_\_\_\_  
**Applicant's Phone Number**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Applicant's Email Address**

I Prefer: **E-Bill** \_\_\_\_\_ **Paper Bill** \_\_\_\_\_

\_\_\_\_\_  
**Applicant's Employer and Phone #**

Rec'd Rate Sheet Info      Initial > \_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_