

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:** _____