

Mooreville Richmond Water Association

Date: _____

Full Name: _____ Phone# _____

Driver's License# _____ SS# _____

Spouse's Full Name: _____ Phone# _____

SS# _____ Driver's License #: _____

Email address: _____ # Of Tenants _____

Service Address (911): _____

Mailing Address: _____

Have you had service with this association before? _____ YES _____ NO

Employer: _____ Phone # _____

Spouse's Employer: _____ Phone# _____

Rent: _____ Own: _____

Landlord's Name: _____ Phone# _____