

**VILLAGE OF CATLIN  
WATER & SEWER DEPARTMENT  
Service Application**

**TRANSFER OF SERVICE FEE - \$25.00 (NONREFUNDABLE)  
METER DEPOSIT - \$100.00 (REFUNDABLE WHEN FINAL BILL IS PAID)**

Date Service Requested: \_\_\_\_\_ Turn On \_\_\_\_\_ Turn Off \_\_\_\_\_ (Please Circle)

**APPLICANT INFORMATION**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Service address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Own \_\_\_\_\_ Rent \_\_\_\_\_ (Please circle)

Landlord's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Current employer: \_\_\_\_\_

Employer address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Name of a relative not residing with you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Service #: \_\_\_\_\_ Reading: \_\_\_\_\_