



New Account Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Other Responsible Party _____
Last First M.I.

Service Location: _____ Own: _____ Rent: _____

Mailing Address (if different from above)

Home Phone: _____ Cell Phone: _____

Email Address: _____

Would you like E Bill? YES NO Would you like Automatic Bank Draft (ACH) YES NO

Does the address have an existing CART? YES NO

Have you had prior service in MacClenny? YES NO If yes, where? _____

Disclaimer and Signature

By signing below, I authorize The City of MacClenny to turn the water on at the location above and assume liability.

Signature: _____ Date: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

DL Nmbr _____

DL State: _____ DOB: _____

Deposit Amount: _____ Administration Fee: _____ Cash/Card/Check: _____

Account Nmbr: _____ Cycle Nmbr.: _____

Utility Clerk: _____ Date: _____