

**APPLICATION FOR WATER/SEWER SERVICE  
CITY OF WOODBINE**

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email: \_\_\_\_\_

Cell/Home Phone #: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

**If leasing/renting please provide landlord name and phone number below:**

Landlord Name: \_\_\_\_\_ Landlord Phone #: \_\_\_\_\_

**\*\*The City reserves the right to contact the Property Owner regarding the water account\*\***

The following information is requested for reporting requirements to the USDA and is optional:

Ethnicity: Hispanic      American Indian      Black/African American  
                  White                    Native Hawaiian/Pacific Islander

Signature: \_\_\_\_\_ Date Service to Start: \_\_\_\_\_

*By signing you have authorized the City of Woodbine to open an account in your name. You will be responsible for all debts incurred on this account.*

**OFFICE USE ONLY**

**Services Requested (check those that are applicable)**

Water \_\_\_\_\_ Sewer \_\_\_\_\_ Garbage \_\_\_\_\_  
Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Inside City Limits \_\_\_\_\_ Outside City Limits \_\_\_\_\_

**Actions to Complete**

Stateline Notified: \_\_\_\_\_ Customer Information Packet: \_\_\_\_\_

**Deposit Information**

Water \$60.00 Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Transfer from Account #:

Sewer \$60.00 Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Start Date: \_\_\_\_\_ Account #: \_\_\_\_\_ Meter Serial #: \_\_\_\_\_

Size of Meter: \_\_\_\_\_ Module #: \_\_\_\_\_ Meter Reading: \_\_\_\_\_

Route #: \_\_\_\_\_ MC Typed: \_\_\_\_\_ Entered In Flex: \_\_\_\_\_ Scanned to Flex: \_\_\_\_\_