

MARSHALL COUNTY WATER ASSOCIATION

OWNERS APPLICATION

DATE: _____

ACCT: _____

SECQ# _____

CERT# _____

METER#: _____

TRANS#: _____

NAME: _____

SPOUSE NAME: _____

ROAD NAME: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: (IF DIFFERENT FROM SERVICE ADDRESS)

SPECIAL NOTES: _____

PHONE NUMBER: _____ **CELL PHONE#:** _____

EMPLOYED BY: _____

ADDRESS _____ **PHONE#:** _____

SPOUSE EMPLOYED BY: _____

ADDRESS _____ **PHONE#:** _____

NEXT OF KIN _____ **RELATIONSHIP** _____

ADDRESS _____ **PHONE#:** _____

HOW MANY PEOPLE LIVE IN HOUSEHOLD? _____