McCLAVE WATER ASSOCIATION

SERVICE APPLICATION

_____

First Name **Last Name**

_____

Spouse's First Name

_____

Address for Service

_____

Mailing Address **Telephone**

_____

If Renting, Owner's Name and Address

_____

Date of Occupancy

_____

Email Address (Please provide your email address if you would like to receive your bill in electronic form.)

To Be Completed by McClave Water Association

Reconnect Fee Required **Yes_____ - Meter is Disconnected**
No _____ - Meter is Connected

Account # _____

Certificate # _____