## Village of Arthur

## Water Request Form

NAME:	SSN:
C/O NAME:	PHONE:
SERVICE	OTHER -
ADDRESS:	PHONE:
MAILING	
ADDRESS:	EMAIL:
CITY:	DL#:
STATE & ZIP:	DOB:
PREVIOUS ADDRESS:	DEPOSIT:
CITY:	ACCOUNT #:
STATE & ZIP:	
	eof. I further agree to pay all costs of collection, including reasonable attorney's fee, incurr of Arthur as a result of my non-payment for services or failure to comply with said provisions
	Date:
	Responsible Party
	Driver's License