

Town of Trinity Water Department Customer Registration

Date _____

Name _____ Phone _____

Address:

Mailing _____

Physical _____

Cell Phone _____ E-mail _____

Driver's License # _____ Social Security # _____

Employer _____ Work Phone # _____

Spouse's Name _____ Employer _____

Nearest Relative _____ Phone # _____

Additional Notes: (special needs, etc.) _____

Have you ever had service with us before? _____

Owens home Yes _____ No _____

If renting, Name of landlord _____ Phone # _____

Signature _____

OFFICE USE ONLY

Meter size _____ Meter # _____ Meter type _____ Date _____

Meter Reading _____ Date _____

Final Reading _____