

Ellis Water Membership Application

ACCT # _____

LOCATION# _____

Name of Applicant #1: _____ Date of Birth: _____ SSN: _____

Email address: _____

Name of Applicant #2: _____ Date of Birth: _____ SSN: _____

Email address: _____

Mailing Address: _____

Street City State Zip Code

Service Address: _____

Street City State Zip Code

Last Address: _____

Street City State Zip Code

Applicant #1

Applicant #2

Home Phone#: _____ Cell Phone#: _____ Cell Phone#: _____

If you do not have a phone, a contact name and number must be given. The number can be a friend, neighbor, or relative.

Name: _____ Telephone: _____

Applicant #1

Place of Employment: _____ Position: _____ Work Phone: _____

Applicant #2

Place of Employment: _____ Position: _____ Work Phone: _____

1. Are you the legal landowner of the property where water service will be provided? Yes or No
2. Is this property going to be a rental property? Yes or No If yes, fill out Tennant info page.
3. Have you been a member of Ellis Water in the past? Yes or No

If Yes, please give dates and name the account was under. _____

4. Name of the Utility Company that provided you water at your previous residence? _____

5. Will there be a swimming pool at the residence? Yes or No

I/we hereby requests service from Ellis Water Company and herewith make application for membership in said corporation. I/we agree to be bound by the Articles of the Incorporation, the Bylaws and Amendments thereto, and such rules and regulations as adopted by the Ellis Water Board of Directors. All information and statements made in this document are true and accurate to the best of my knowledge. If information is found to be inaccurate I/we, agree to provide the correct information and pay any additional fees, which may be required. Inaccurate information may cause water service to be disconnected.

Signature of Applicant #1

Date

Signature of Applicant#2

Date