

Application for Residential Water Service

City of Westfield Public Works Department

SERVICE ADDRESS _____ SUBDIV _____

DISCONNECT SERVICE

EFFECTIVE DATE: ____-____-____

A/C # _____ RENTAL: Y OR N

NAME: _____

PHONE: _____

FORWARDING _____

ADDRESS _____

DATE CALLED IN: ____-____-____ CALLED IN BY _____ CALL TAKEN BY _____

.....
FOR OFFICE USE ONLY

PREV READ DATE: ____-____-____	FINAL READ DATE: ____-____-____	DR: ____ IF: ____ MA: ____
READING: _____	READING: _____	

.....

CONNECT SERVICE

EFFECTIVE DATE: ____-____-____

A/C # _____ EXISTING PROPERTY: _____ NEW CONSTRUCTION _____

RENTAL: Y OR NO COPY OF LEASE AGREEMENT: _____

NAME: _____

DL# _____

PHONE: H _____ WK _____

C _____

MAILING _____

ADDRESS _____

Customer advised of transfer fee? Yes or No (circle one)

Does house have an irrigation system? Yes or No New _____ or Existing _____
If yes, irrigation permit required.

DATE CALLED IN: ____-____-____ CALLED IN BY _____ CALL TAKEN BY _____

.....
FOR OFFICE USE ONLY

START READ DATE: ____-____-____	BILL READ DATE: ____-____-____	A: ____ IR: ____
READING: _____	READING: _____	AF: ____ NC: ____