

Walden's Ridge Utility District

Customer Information Form

THIS FORM MUST BE COMPLETED BEFORE SERVICE WILL BEGIN.

**OUTSTANDING BALANCES FROM YOUR PREVIOUS ACCOUNTS
WILL BE TRANSFERRED TO YOUR NEW ACCOUNT**

Date Telephone Cell

Name

Social Security Number (LAST 4 DIGITS)

Email Address

Name of All Adults at Service Address

Service Address

Have you had water service with us before? ☐ NO ☐ YES Address

Current Employer Information

Employer

Address

Telephone Supervisor

EMERGENCY CONTACT

In case a leak is detected and we are unable to contact you

Name / Relationship Telephone

Name / Relationship Telephone

I guarantee that all information given above is true and correct.

Signature Date

There are severe penalties for giving false information. Please verify that the above information is correct.

OFFICE USE ONLY