

City of Osborn Water/Sewer Application

Date: _____ Owner: _____ Renter: _____

Premise Address: _____

Mailing Address: _____

Name on Water/Sewer Bill:

Full Name: _____ Date of Birth: _____
Last First Middle

Phone #: _____ Driver's License #: _____ S.S#: _____

Co – Occupants:

Full Name: _____ Date of Birth: _____
Last First Middle

Phone #: _____ Driver's License #: _____

Previous Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____

Employer: _____

Address: _____ Phone#: _____

City: _____ State: _____ Zip: _____

Person Responsible for bill: _____

Emergency Contact: _____

Address: _____ Phone #: _____

Signature of Occupant

DO NOT MARK BELOW THIS LINE

Copy of Lease if Renting []

Meter ID _____

Photo I.D. []

Read Sequence _____

Amount of Deposit: _____

Meter Read _____

Date Paid: _____

Account # _____