Washington Township Water Authority

1100 East Chambers Pike Bloomington, IN 47408 (812) 332-3230

MEMBERSHIP APPLICATION

NAME		DATE		
CO-APPLICANT				
SERVICE ADDR	ESS			
CITY	STATE	ZIP		
COUNTY	TOWNSHIP	DATE OF BIR	TH	
SOCIAL SECUR	ITY #	_DRIVERS LICEN	SE#	
PHONE#	WORK#	CELL	#	
E-MAIL ADDRE	SS			
If different from serv	ice address			
MAILING ADDR	ESS			
CITY	STATE	ZIP	-	
If renter- fill out sect	ion below			
PROPERTY OWI	NERS NAME			
PROPERTY OWI	NERS ADDRESS			
PROPERTY OWI	NERS PHONE #			
4 weeks to apply for, Note: NO WORK C	AN BE DONE UNTIL COPY OF U DIG: 1-800-382-5544. Undergr	FILED EASEMENT	IS RECEIVED!	
TYPE OF SERVI	CE: RESIDENCE	COMMERCIAL		
MEMBERSHIP I RECONNECT FI METER SET FEI			CHECK# CASH CREDIT CARD	

A PHOTOCOPY OF YOUR DRIVERS LICENSE MUST BE INCLUDED WITH THIS FORM