

VAN BUREN COUNTY WATER ASSOCIATION

NEW CUSTOMER INFORMATION SHEET

All fields marked with * are required

***Name:** _____

DOB _____ **Driver's License#** _____

Spouse: _____

Email: _____

***Phone: Home/cell:** _____

Work: _____ **Ext** _____

***Service address:**

Name: _____

Address: _____

City, state, Zip _____

***Mailing address: Same as above? :** _____

Name: _____

Address: _____

City, state, Zip _____

***Are you the property owner?** _____ (if no then fill out section below)

Property Owners contact information:

Name: _____

Phone: _____

Mailing address: _____

Signature: _____

Date: _____