KENTUCKYTOWN WATER SUPPLY CORPORATION RENTAL SERVICE APPLICATION AND AGREEMENT

Date Approved	
Date Approved Service Classification	
Cost	
Work Order Number	
Account Number	
Service Inspection Date	
PLEASE PRINT:	
DATE:	
APPLICANT & CO-APPLICANT NAME:	
1	
CURRENT BILLING ADDRESS:	
PHONE NUMBER: HOME () CELL ()	WORK()
E-MAIL ADDRESS:	
LANDLORD'S NAME & PHONE NUMBER:	
EMERGENCY CONTACT:	
DRIVER'S LICENSE NUMBER:ST	
PHYSICAL ADDRESS OF PROPERTY: (Include name of road):	
NOTE: FORM MUST BE COMPLETED BY APPLICANT ONLY.	