



INFORMATION UPDATE
APPLICATION EXISTING SINGLE FAMILY RESIDENCE

PLEASE RETURN COMPLETED APPLICATION WITHIN 7 DAYS OF RECEIPT TO AVOID DISRUPTION OF SERVICE

1. Name of Applicant: _____

2. Status of Applicant: Owner *Tenant/Lessee

<p>* If tenant/lessee, please provide the name and address of property legal owner or landlord</p> <p>Name of Legal Owner/Landlord: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____ Phone: _____</p>
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3. Service Address: _____
City: _____ State: _____ Zip: _____

4. Billing Address: _____
(If different)
City: _____ State: _____ Zip: _____

5. Phone #: Home (____) ____ - _____ Work/Cell (____) ____ - _____

6. Social Security #: _____ - _____ - _____ **or** WA Drivers Lic. # _____

7. E-mail (optional): _____

Customer agrees that the above information is true to the best of their knowledge. *Service obtained by fraud runs the risk of termination without notice.*

Applicant	Date	Co-Applicant	Date
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Account #:	FOR OFFICE USE ONLY:
	Date application mailed: _____ Date application returned: _____ CCS returned [] Cosigner #: _____
	Parcel # _____ Lot # _____ Subdivision/Plat _____
	Notes: _____ _____
	_____ Rainier View Water Company Acceptance _____ Date _____