

West Morgan – East Lawrence Water & Sewer Authority

Residential Customer Registration Form

Date: _____

Name: _____ Phone: _____

Driver's License #: _____ SSN#: _____

Employer: _____

Employer Address: _____

Employer Phone #: _____

Address of Meter: _____

Mailing Address: _____

Spouse's Name: _____

Spouse's Employer: _____

Spouse's Driver's License Number: _____

Spouse's Social Security #: _____

Alternate Contact: _____ Phone#: _____

Have you ever had service with us before: Yes _____ No _____

Own Property: Yes _____ No _____

Rent: Yes _____ No _____

If renting, Name of your Landlord: _____

Signature: _____