

**WEST MORGAN-EAST LAWRENCE WATER & SEWER
AUTHORITY**

CUSTOMER REGISTRATION

Date _____

Name _____ **Cell Phone** _____

Driver's License # _____ **Social Security #** _____

Employer _____ **Email Address** _____

Employer Phone # _____

Address of Meter _____

Mailing Address _____

Spouse's Name _____

Spouse's Phone # _____ **Spouse's Email Address** _____

Spouse's Employer _____

Driver's License # _____ **Social Security #** _____

List all persons living at this residence _____

Emergency Contact _____ **Phone** _____

Have you ever had service with us before? _____

Own Property Yes _____ No _____

Rent Yes _____ No _____

If renting, Name of Landlord _____

Signature _____