

100 N. Seltzer St.
Crestline, OH 44827

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Crestline Water Department

Water/Sewer Service Application
Income Tax Dept. Information

OFFICE USE ONLY

Account No.-

Book No.-

Meter Reading-

Water Service Address: _____

Name: _____

Soc. Sec.#: _____ Date of Birth: _____

Billing Address: _____

Phone No. (Home): _____ (Work): _____

Name and Address of Property Owner:

Phone # _____

Move in Date:

Number of persons who will reside here:

List previous addresses of applicant for the past 4 years:

1. _____
2. _____
3. _____
4. _____

List each person 18 years of age and over who will live here and the name of their employer:

Name	Social Security Number	Employer

List any other sources of income (Retirement, SSI, ADC,GA, etc.):

Name	Source of Income

NOTE: DISCONNECTED WATER IS SUBJECT TO RECOMMENCEMENT CHARGES

I hereby testify that the above information is correct to the best of my knowledge.

Signature of Applicant

Date