

CITY OF FRUITLAND

200 S. Whitley Drive
Po Box 324
Fruitland, ID 83619
Phone: 208-452-4421
Fax: 208-452-7032

www.fruitland.org
msmith@fruitland.org



WATER & SEWER APPLICATION

Reading _____

On Off

ACCT No: _____

PROPERTY INFORMATION

Service Address: _____

Date of Purchase/Escrow: _____

Date Requested For Water Turn on: _____

OWNER INFORMATION

Property Owner Name: _____

Date of Birth: _____

SSN: (Last four digits only) _____

Driver's License No: _____

Mailing Address: (if different) _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Employer Name, Address, Phone#: _____

CO-OWNER INFORMATION

Spouse/Co-Owner Name: _____

Date of Birth: _____

Phone #: _____

Driver's License No: _____

SSN: (Last four digits only) _____

I request water services be turned on at the above service address. I understand that water service will be turned on or after the **Date Requested**. It is my responsibility to make sure the house is ready for water service. I will indemnify, defend and hold the City of Fruitland harmless from and against any and all damages that may occur as a result of water service being turned on at the above service address.

Applicant Signature: _____ Date _____

Co-Owner Signature: _____ Date _____