

# CITY OF FRUITLAND

200 S. Whitley Drive  
Po Box 324  
Fruitland, ID 83619  
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[msmith@fruitland.org](mailto: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 \_\_\_\_\_