

HOMEOWNER APPLICATION
DEVIL'S KITCHEN WATER DISTRICT
3324 GRASSY RD • CARBONDALE, IL 62902 • PHONE (618)549-5141

COPY OF PHOTO I.D. REQUIRED!

NAME: (LAST) _____ (FIRST) _____ (M.I.) _____

ADDRESS: _____ CITY: _____

TELEPHONE: (HOME) _____ (CELL) _____ EMAIL _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

SOCIAL SECURITY NUMBER: _____

PREVIOUS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENT EMPLOYER: _____ WORK PHONE: _____

EMPLOYER'S ADDRESS: _____

NEAREST RELATIVE: (LAST) _____ (FIRST) _____

THEIR ADDRESS: _____ CITY: _____ STATE: _____

THEIR PHONE NUMBER: (_____) _____

ARE YOU CURRENTLY ATTENDING SCHOOL? YES NO

IF SO, WHERE: _____

X

YOUR SIGNATURE

FOR OFFICE USE ONLY

DEPOSIT RECEIVED: _____ DATE: _____ ROUTE # _____
 AMOUNT

SERIAL NUMBER: _____ BEGINNING READING _____ DATE: _____
