TOWN OF MURPHY WATER DEPARTMENT
APPLICATION FOR WATER SERVICE

_____ / _____ Meter # _____ Acct # _____

NAME: _____ ID _____
Last First Middle

SPOUSE: _____
Last First Middle

DO YOU RENT OR OWN: _____ DATE OF BIRTH: _____

LOCATION OF DWELLING: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

PHONE#: _____ EMPLOYER: _____

DEPOSIT: _____ BANK DRAFT: YES _____ NO _____

HAVE YOU BEEN ON OUR SYSTEM BEFORE? _____

SIGNATURE: _____ TODAY'S DATE: _____

CP-2054