

TOWN OF MURPHY APPLICATION FOR WATER SERVICE

ACCT #: _____ **Meter #:** _____ **ID#:** _____

Business Name: _____

Name: _____
Last Middle First

Spouse: _____
Last Middle First

Rent or Own: _____ **Date of Birth:** _____
**All rentals require landlord permission letter*

Service Location: _____

Town Sewer: Yes _____ No _____

Mailing Address: _____

Phone #: _____ **Secondary Phone #:** _____

Employer Info: _____

Deposit: _____ **Bank Draft:** Yes _____ No _____

Email Address: _____

Signature: _____ **Service Date:** _____

