

City of Manchester Water Works
Water/Sewer/Trash Service Application

Applicant Name _____ Co-Applicant Name _____

Service Address _____ Phone _____

Mailing Address _____ Phone _____

Email Address _____

Employer Name _____ Phone _____

Employer Address _____

Co-Applicant Employer Name _____ Phone _____

Co-Applicant Employer Address _____

Number of persons in household _____ Emergency Contact Name & Phone _____

Have you had service with us before? _____ Yes _____ No

If Yes, what address _____

A COPY OF YOUR DRIVERS LICENSE WILL BE MADE TO COMPLETE THIS APPLICATION

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

