



CUMBERLAND MOUNTAIN WATER AUTHORITY

20439 ALABAMA HWY 79 • SCOTTSBORO, AL 35768 • (256) 587-3333 • Fax (256) 587-6228

APPLICATION FOR WATER SERVICE

Applicant's Legal Name: _____

Telephone Number: () _____ Date of Birth: / / _____

Present Employer: _____ Phone: () _____

Social Security Number: _____ Drivers License Number: _____

Gender: Male / Female Race: _____ Ethnicity: _____

Have you had service on our system previously: Yes / No If yes, Where: _____

Spouse or Roommate's Legal Name: _____

Telephone Number: () _____ Date of Birth: / / _____

Present Employer: _____ Phone: () _____

Social Security Number: _____ Drivers License Number: _____

Gender: Male / Female Race: _____ Ethnicity: _____

Have you had service on our system previously: Yes / No If yes, Where: _____

Total Number in Household: _____

Names of other ADULTS living at this address: _____

Service Address:

_____ City _____ Zip _____

Are you the: Land Owner / Renter Is Property? House / Mobile Home
(Please circle one) (Please circle one)

****(COPY OF RENTAL AGREEMENT OR PROOF OF OWNERSHIP IS REQUIRED)****

Mailing Address (If Different From Service Address):

_____ City _____ Zip _____

I understand that the information on this application will be verified and if determined to be inaccurate will result in the termination of service without prior notice.

Applicant Signature : _____ Date: _____

Applicant Signature : _____ Date: _____