

**APPLICATION FOR SERVICE  
UTILITIES BOARD OF THE CITY OF BRENT OR HARRISBURG WATER  
AUTHORITY**

DATE \_\_\_\_\_

(PLEASE PRINT)

**CUSTOMER INFORMATION**

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

E-911 (PHYSICAL) ADDRESS \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR  
Copy attached

PHONE \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

PLACE OF EMPLOYMENT \_\_\_\_\_

HAVE YOU EVER HAD SERVICES WITH **THE UTILITIES BOARD OF THE CITY OF BRENT OR  
HARRISBURG WATER AUTHORITY**? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE SUBMIT THE FOLLOWING:

PREVIOUS NAME \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_

SERVICE REQUESTED: WATER \_\_\_\_\_ SEWER \_\_\_\_\_ GARBAGE \_\_\_\_\_

IF WITHIN CITY LIMITS, IS THERE AN **ONYX** GARBAGE CART AT THIS LOCATION? \_\_\_\_\_

LOCATION (DIRECTIONS) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

RENT \_\_\_\_\_ OWN \_\_\_\_\_

PROPERTY OWNER (IF RENTING) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street City State Zip

PHONE \_\_\_\_\_

**THE ABOVE IS MY TRUE AND COMPLETE LEGAL NAME AND ALL INFORMATION IS  
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
SIGNATURE

