



Town of Triana Water Works and Sewer Board
640 6th Street, Madison AL 35756

APPLICATION FOR RESIDENTIAL WATER SERVICES

Service Information

1. Date of Application:		Primary Account #:	Irrigation Account #:	Deposit Amount:
				Check Number:
2. Date to Start Service:		Date Services Started:		Clerk Initials:
3. Service Address:				
4. Subdivision (if applicable)				

Account Holder

5. Account Holders:	Primary:		
	Spouse:		
	Other authorized individuals:		
6. Billing Address (if different from service address):			
7. Home Phone:		8. Work Phone:	9. Cell Phone:
10. Account Holder Status: <input type="checkbox"/> Tenant / Renter (fill out Block 10a) <input type="checkbox"/> Owner (skip to Block 11)	10a. Landlord or Property Manager Contact Information		
	Name:		
	Address:		
	Phone Number:		
11. Employer:	Name:		
	Address:		
	Phone Number:		
12. Nearest Relative or Emergency Contact:	Name:		
	Address:		
	Phone Number:		

Primary Account Holder Demographics

Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other: _____	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer

Acknowledgement

Applicant acknowledges that the attached deposit(s) is security for payment of bill for water and sewer services rendered. Deposit will be refunded after services are disconnected, less any unpaid balance due the Town of Triana Water Works and Sewer Board. Applicant further acknowledges that tampering with water meters is prohibited and illegal per Town of Triana Ordinance. Applicant affirms the above information is correct.

Applicant Signature _____ Date _____