

31 W Wyoming St  
PO Box 757  
Homedale ID 83628

*City of Homedale*

Water Department  
208-337-4641



**CUSTOMER INFORMATION**

**PRIMARY CUSTOMER NAME:** \_\_\_\_\_

**New Service Address:** \_\_\_\_\_

**Mailing Address to send the bill:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Message/Cell: \_\_\_\_\_

Soc.Sec or DL No: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address/Phone: \_\_\_\_\_



**SECONDARY (SPOUSE) NAME (If Applicable):** \_\_\_\_\_

Spouse Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Spouse Soc/DL No: \_\_\_\_\_ Cell No: \_\_\_\_\_

**ARE YOU AN: Owner:** \_\_\_\_\_ **or Renter:** \_\_\_\_\_

Landlord Name (If Renter) \_\_\_\_\_ Phone: \_\_\_\_\_

**REQUIRED INFORMATION:**

Three References: (Friends, relatives etc.)

Name Address, Phone: \_\_\_\_\_

Name Address, Phone: \_\_\_\_\_

Name Address, Phone: \_\_\_\_\_



**Office Use Only:**

Date Service Requested: \_\_\_\_\_

Deposit: **\$ 75.00**

Previous Account No: \_\_\_\_\_

New Account No: \_\_\_\_\_