

**TOWN OF BISCOE
APPLICATION FOR WATER CONNECTION**

RESIDENTIAL

NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE NO. _____
SOCIAL SECURITY NO. _____
DRIVERS LICENSE NO. _____
EMPLOYER _____ PHONE _____
NAME AND ADDRESS OF YOUR NEAREST
RELATIVE:

COMMERCIAL

NAME: _____
STREET ADDRESS: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NO. _____
FAX NO. _____
TAX ID NO. _____
CONTACT PERSON:

SIGNATURE _____ DATE _____

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DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY

DATE: _____ CONNECTION FEE \$ _____ METER NO. _____

RESIDENTIAL COMMERCIAL INSIDE OUTSIDE SEWER