



For Office Use Only:

Account # \_\_\_\_\_  
 Service Start Date: \_\_\_\_\_  
 Inspection Date : \_\_\_\_\_  
 Date of Occ Cert: \_\_\_\_\_  
 PIN # \_\_\_\_\_

## Application for Water Department Services CITY OF MARKHAM

**Required documents for Water Service:**

- Proof of Ownership
- Copy of signed lease for rentals
- Copy of valid drivers license or state id

**Deposits required:**

Residential Meter : \$250.00  
 Construction Meter: \$200.00  
 Commercial: \$250.00 - \$5490.00 depending on  
 the size of meter and monthly usage

Reason for Application: _____ (Please check one)			
Property Type: Residential _____	Commercial _____	Construction _____	
Reason: Name change _____	Address Change _____	Surety Money _____	New Service: _____

***Owner Information***

Owner Name: _____	Spouse: _____	
Address: _____ (P.O. BOX # WILL NOT BE EXCEPTED)		
City _____	State _____	Zip Code _____
Phone #'s: Home: _____	Cell: _____	Work: _____
Employer's Name: _____	Drivers License # _____	

***Service Address Information***

**Same as Owner; please check here: \_\_\_\_\_**

Resident: _____	Spouse: _____	
Address: _____		
Phone #'s: Home: _____	Cell: _____	Work: _____
Number of total occupants: _____		

***Bill-To Address Information***

**Same as Owner; please check here: \_\_\_\_\_**

Resident: _____	Spouse: _____	
Address: _____		
City _____	State _____	Zip Code _____
Phone #'s: Home: _____	Cell: _____	Work: _____

For Office Use Only: <b>Meter #:</b> _____ <b>Meter Reading:</b> _____ <b>Receipt #:</b> _____ <b>Purchased Property :</b> _____ <b>Rental Property:</b> _____
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**Tenant Information**

<b>Tenant Name:</b> _____ <b>Spouse:</b> _____ <b>Phone #'s: Home:</b> _____ <b>Cell:</b> _____ <b>Work:</b> _____ <b>Tenant's Previous Address:</b> _____ <b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____ <b>Spouse Phone #'s: Cell:</b> _____ <b>Work:</b> _____ <b>Social Security #</b> _____ <b>Drivers License #</b> _____ <b>Employer's Name:</b> _____
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**PLEASE READ CAREFULLY**

Owner agrees to pay all charges in full upon receipt of CITY OF MARKHAM Bill(s) or other advice(s) of amounts due. In the event Collection action by the CITY OF MARKHAM is necessary, owner agrees to pay all costs, expenses, and attorney fees resulting from such action.

**Owner's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please print; Owner's Name:** \_\_\_\_\_

**Authorized Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorized Signature's Title:** \_\_\_\_\_

- **All Surety Meter refunds are payable after payment of all final bills.**

**NOTICE TO ALL LANDLORDS**

- **All outstanding bills and/or penalties are the responsibility of the owner.**

**We are committed to providing the highest level of customer satisfaction possible.  
Thank you for your patronage; we look forward to serving you.**