

31 W Wyoming St
PO Box 757
Homedale ID 83628

City of Homedale

Water Department
208-337-4641
fax: 208-337-5904

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CUSTOMER INFORMATION

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

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

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

Phone Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email address: \_\_\_\_\_

DL No: \_\_\_\_\_ Dogs? \_\_\_\_\_

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 & Phone: \_\_\_\_\_

Name & Phone: \_\_\_\_\_

Name & Phone: \_\_\_\_\_  
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**Office Use Only:**

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

Deposit: \$ 100.00

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

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