

# APPLICATION FOR SERVICE

**NORTH GUALALA WATER COMPANY INC.**  
**P. O. Box 1000, Gualala, CA 95445-1000**  
**PH (707) 884-3579/FAX (707) 884-1620**  
**Email: office@ngwco.com**

ACCOUNT #: _____
Requested Start Date: _____

**\$ 200.00 refundable security deposit NOW due. \*\*Please complete & return before service can be initiated.\*\***

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

Property Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Property Owner Mailing Address: \_\_\_\_\_

**ACCOUNT NAMES:** Prior Service? If YES Address: \_\_\_\_\_

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

Primary Phone#: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

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

**1st Name**-Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers Lic #: \_\_\_\_\_

**2nd Name**-Place of Employment: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Drivers Lic #: \_\_\_\_\_

Bank Name, Branch, Address: \_\_\_\_\_

I hereby grant to *North Gualala Water Company (NGWC)* the right to verify all of the above credit information. I understand if the account becomes past due and legal proceedings are instituted for collection, the undersigned agrees to pay *NGWC* all costs and expenses. A \$25.00 fee will also be charged on all Returned Checks.

Enclosed: Tariffs Schedule 1 & LC; Electronic Funds Transfer

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

*FOR OFFICE USE ONLY: Approved By:* \_\_\_\_\_  
Z:\WATER\Customer\Credit App Form.doc

*Processed By:* \_\_\_\_\_