



CITY OF WESTMINSTER

PO BOX 710
WESTMINSTER, MD 21158

APPLICATION FOR UTILITY SERVICE

_____ WATER _____ SEWER

DATE _____

Customer Acct. No. _____

Service Number _____

TO BE COMPLETED BY PROPERTY OWNER

1. Name of Property Owners(s) _____

Mailing Address _____

Telephone Number _____

2. Location of Property to be Connected:

Address of Property _____

Name of Occupant _____

3. Indicated Type of Property and Number of Dwelling Units:

Single family residence

Multi-family residence

Commercial

Motels, Hotels, etc.

Industrial –manufacturing

Governmental-institutions

Hospitals-nursing homes

No. of units _____ (apartments)

No. of personnel _____

No. of rooms _____

No. of personnel _____

No. of students, personnel _____

No. of beds _____

4. Existing service: _____ Water _____ Sewer

I certify that the information furnished above is correct to the best of my knowledge. I hereby agree to the rules and regulations of the Water and/or Sewer Ordinances which are on record for public inspection at City Hall, Westminster, Maryland.

Date _____ Name _____