

City of Brandenburg
P.O. Box 305, 737 High Street
Brandenburg, KY 40108
Phone: 270-422-4981 Fax: 270-422-4983

Water Application

Account # _____

Application Registration # _____

Reconnection Fee: _____

Date: _____

Name: _____

Service Address: _____

Driver's License Number: _____

Date of Birth: _____

Mailing Address: _____

Phone Number: _____

Is this a rental property? YES / NO

If YES, print the property owner's name: _____

Do you currently have services in the City of Brandenburg? YES / NO

IF YES, Are you on bank drafts? YES / NO

It is agreed that by signing this form for the above-mentioned property, I will be held responsible for any charges incurred during the time which services are received.

Applicant's Signature: _____

Printed: _____

Date: _____

Witness: _____

FOR CITY USE ONLY

Reference Service Order # _____

Requested Effective Date: _____