



**CITY OF WESTMINSTER**  
45 W Main Street  
WESTMINSTER, MD 21157

**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:

- |  |   |
|--|---|
| <input type="checkbox"/> Single family residence   | <input type="checkbox"/> No. of units _____ (apartments)  |
| <input type="checkbox"/> Multi-family residence    | <input type="checkbox"/> No. of personnel _____           |
| <input type="checkbox"/> Commercial                | <input type="checkbox"/> No. of rooms _____               |
| <input type="checkbox"/> Motels, Hotels, etc.      | <input type="checkbox"/> No. of personnel _____           |
| <input type="checkbox"/> Industrial –manufacturing | <input type="checkbox"/> No. of students, personnel _____ |
| <input type="checkbox"/> Governmental-institutions | <input type="checkbox"/> No. of beds _____                |
| <input type="checkbox"/> Hospitals-nursing homes   |   |

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 Administration Building, 45 West Main Street, Westminster, Maryland.

Date \_\_\_\_\_ Name \_\_\_\_\_