Village of Frankfort
Water Department
Customer Service Application

Requested Date of Service: _____

Name: _____

Service Address: _____

_____

Mailing Address (if different than service address):

_____

_____

Phone Numbers:
Home _____ Work _____ Cell _____

Use of Dwelling: (check one)
Residential _____ Commercial _____ Industrial _____
Other (explain) _____

Number of Occupants in Household: _____

Is the dwelling....(check one)
One family _____ Two family _____ Multiple _____
Other (explain) _____

OWNER

I am the property owner of legal record for the property into which I am requesting this water service. All statements herein are true and accurate. I understand the questions and information I have supplied on this application.

_____ _____
Signature Date

Account # _____ Order # _____