

City of Franklin
Water Department
Application for Commercial/Industrial Water Services

Company Name _____
Company Service Address _____
Mailing Address (if different from service address)

Company Phone Number () - _____
Employer I.D. Number _____
Owner's Name _____
Owner's Address _____ Phone# _____
City _____ State _____ Zip _____
Tax Identification # or Social Security # _____

For office use only

Connection Date _____ Date of Application _____
Account Number _____ Meter Number _____
Deposit Amount \$ _____ Receipt# _____ -- cash -- check -- money order
City Representative Name/Initials _____ Date _____ Time _____
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Signature \_\_\_\_\_ Date \_\_\_\_\_