## **WIGWAM MUTUAL WATER COMPANY**

P.O. Box 569, Fountain, Colorado 80817

Phone 719.638.0456 Customerservice@wigwammutualwatercompany.org

## Responsible Party Sign In Form

PRINT ALL INFORMATION EXCEPT SIGNATURE

DDRESS NUMBER	STREET NAME O	OF SERVICE ADDRE	ESS					
PROPERTY OWN	NER'S NAME A	ND MAILING	G ADDRESS:	:				
FIRST NAME OF PROPERTY OWNER			LAST NAM	LAST NAME OF PROPERTY OWNER				
DDRESS NUMBER	STREET NAME (	OF PROPERTY OW	NER			APARTMEN'	T NO.	
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MAIL ADDRESS				MOBILE N	MOBILE NUMBER		OTHER	
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INSTRUCTIONS: PROPERTY OWNER MUST SIGN APPLICATION FOR WATER SERVICE TO BE PROVIDE TO SERVICE ADDRESS. IF OWNER REQUIRES A DUPLICATE BILLING TO BE SENT TO RENTER, RENTER MUST ALSO SIGN THIS APPLICATION.

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