

Current Service Location	Application Date																																																	
Residential Tenant Applicant Information Applicant #1 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Last Name _____</td> <td style="width: 33%;">First Name _____</td> <td style="width: 33%;">M I _____</td> </tr> <tr> <td colspan="3">Photo ID Type and Number _____</td> </tr> <tr> <td>Telephone # _____</td> <td colspan="2">Cell phone/e-mail address _____</td> </tr> </table> Applicant #2 <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Last Name _____</td> <td style="width: 33%;">First Name _____</td> <td style="width: 33%;">M I _____</td> </tr> <tr> <td colspan="3">Photo ID Type and Number _____</td> </tr> <tr> <td>Telephone # _____</td> <td colspan="2">Cell phone/e-mail address _____</td> </tr> </table> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 5px;"> <div style="margin-right: 10px;">Yes No</div> <div>Are you an agent for the owner/previous or current tenant customer? <input type="checkbox"/> <input type="checkbox"/></div> <div>Are you currently receiving water service at another address? <input type="checkbox"/> <input type="checkbox"/></div> <div>Do you owe any balances on water service at another property? <input type="checkbox"/> <input type="checkbox"/></div> <div>Would you like an application for our Customer Assistance Programs including TAP and Senior Citizen Discount? <input type="checkbox"/> <input type="checkbox"/></div> </div> <p>Application language preference: _____</p> <p>I/We occupy the referenced service address as (a) residential tenant(s) and agree to pay for water service supplied in my (our) name(s). I/We understand that submission of false or incomplete information may result in the rejection of this application or the revocation of Customer status. I/We understand that upon approval of this application, I/We are entitled to the same rights and subject to the same obligations as any other Authorized User of the utility service, including termination of service for non-payment.</p> <table style="width: 100%; border: none; margin-top: 10px;"> <tr> <td style="width: 70%;">Signature (Applicant #1) _____</td> <td style="width: 30%;">Date _____</td> </tr> <tr> <td>Signature (Applicant #2) _____</td> <td>Date _____</td> </tr> </table>	Last Name _____	First Name _____	M I _____	Photo ID Type and Number _____			Telephone # _____	Cell phone/e-mail address _____		Last Name _____	First Name _____	M I _____	Photo ID Type and Number _____			Telephone # _____	Cell phone/e-mail address _____		Signature (Applicant #1) _____	Date _____	Signature (Applicant #2) _____	Date _____	Owner Information* <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Last Name _____</td> <td style="width: 33%;">First Name _____</td> <td style="width: 33%;">M I _____</td> </tr> <tr> <td colspan="3">Telephone _____</td> </tr> <tr> <td colspan="3">Address: _____</td> </tr> <tr> <td>House # _____</td> <td colspan="2">Street Address _____</td> </tr> <tr> <td>City _____</td> <td>State _____</td> <td>Zip Code _____</td> </tr> </table> <p><i>*The owner's address may be the property address if the owner resides at the property.</i></p> Agent Information (if other than owner) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Last Name _____</td> <td style="width: 33%;">First Name _____</td> <td style="width: 33%;">M I _____</td> </tr> <tr> <td colspan="3">Telephone _____</td> </tr> <tr> <td>House # _____</td> <td colspan="2">Street Address _____</td> </tr> <tr> <td>City _____</td> <td>State _____</td> <td>Zip Code _____</td> </tr> </table> For staff use only <p>Verified: record _____</p> <p>Unable to verify by: rep. _____ date _____</p>	Last Name _____	First Name _____	M I _____	Telephone _____			Address: _____			House # _____	Street Address _____		City _____	State _____	Zip Code _____	Last Name _____	First Name _____	M I _____	Telephone _____			House # _____	Street Address _____		City _____	State _____	Zip Code _____
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<p>For staff use only, do not write in this section</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> ID <input type="checkbox"/> Lease Lease Date _____ <input type="checkbox"/> Cancelled Checks <input type="checkbox"/> Current PECO bill <input type="checkbox"/> Money Order Receipts <input type="checkbox"/> Meter reading _____ Meter read date _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Rent Book/Receipts <input type="checkbox"/> Current PGW bill <input type="checkbox"/> Other _____ Verified by _____ Rep _____ Date _____ </div> </div>																																																		
Application Status <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <input type="checkbox"/> APPROVED <input type="checkbox"/> Issued Rights Information </div> <p>The current bill will be prorated, and billing in your name will be effective _____ using the meter reading you submitted</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> REJECTED <input type="checkbox"/> Unable to establish tenant status <div style="margin-left: 20px;"> <input type="checkbox"/> No valid housing license <input type="checkbox"/> Account noted "no tenant applicants" by owner <input type="checkbox"/> Documents needed: _____ </div> </div> <div style="width: 48%;"> <input type="checkbox"/> Insufficient Personal Identification <input type="checkbox"/> Owner Information needed (as requested above) <input type="checkbox"/> No active water account at lease inception <input type="checkbox"/> Other: _____ </div> </div> <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <div style="flex-grow: 1; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div>																																																		
<div style="display: flex; justify-content: space-between; width: 100%;"> Water Revenue Bureau Representative Date _____ </div>																																																		



CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE
WATER REVENUE BUREAU

Customer Service Division
Municipal Services Building
1401 John F. Kennedy Blvd
Philadelphia, PA 19102
Phone: 215-686-6880

**RIGHT TO APPEAL NOTICE FROM CUSTOMER APPLICATION
(RESIDENTIAL TENANT OR OCCUPANT)**

Administrative Hearing Notice

You have the right to dispute this decision made by the Water Revenue Bureau. If you disagree with the decision(s) made, you must submit a petition form to the Office of Administrative Review (OAR) within 60 days of the date on this application. Forms can be requested from the OAR by calling 215-686-5216 or downloaded at:
<http://www.phila.gov/trb/petition>