



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

Current Service Location

Application Date

Tenant Applicant Information Applicant		
Last Name	First Name	MI
Business Telephone		Telephone #2
E-mail Address		
Names and Addresses of Principals (self)		
Are you an agent for the owner or previous tenant customer? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently receiving water service at another address? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you owe any balances on water service at another property? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I/We occupy the referenced service address as (a)commercial 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 of the application, I/We are entitled to the same rights and subject to the same obligations as any other customer of the WRB, including termination of service for non-payment.		
Signature		Date
Signature		Date

Owner Information		
Last Name	First Name	MI
Telephone #		
Address:		E-mail Address
House #	Street	
City	State	Zip
For staff use only: DO NOT WRITE IN THIS SECTION		
Verified by:		Unable to verify by:
Record		
Rep.	Date	
Agent Information (if other than owner)		
Name		
Telephone #		
E-mail Address		
Address:		
House #	Street	
City	State	Zip

For Staff Use Only	
ID <input type="checkbox"/>	Lease <input type="checkbox"/> Lease Date _____
Letter from guarantor	
<input type="checkbox"/> Zero balance on account	
<input type="checkbox"/> Active business license	<input type="checkbox"/> Verified by _____
Water Revenue Bureau Representative _____ Date _____	

Application Status	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> Issued Rights Information
<input type="checkbox"/> REJECTED	
<input type="checkbox"/> Insufficient personal identification	<input type="checkbox"/> Owner Information needed (as requested above)
<input type="checkbox"/> Unable to establish tenant status	<input type="checkbox"/> No active water account at lease inception
<input type="checkbox"/> Account noted "no tenant applicants" by owner	<input type="checkbox"/> Owner must attend to delinquency
<input type="checkbox"/> Documents needed: _____	<input type="checkbox"/> Not coded for commercial use
_____	Water Revenue Bureau Representative _____ Date _____
