

For a list of **required documents**, please follow this link to
 Tenant Water Customers: <https://www.phila.gov/documents/occupant-water-customer/>



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

| Current Service Location | Application Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|----------------|-----|---|--|--|-------------------|---------------------------------|--|-----------|------------|-----|---|--|--|-------------------|---------------------------------|--|-----------------|------------|-----------------|------------|---|-----------|------------|-----|-------------------|--|--|----------------|--|--|---------------|----------------------|--|------------|-------------|----------------|
| <p>Occupant Applicant Information</p> <p>Applicant #1</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Last Name</td> <td style="width: 40%;">First Name</td> <td style="width: 30%;">M I</td> </tr> <tr> <td colspan="3">Photo ID Type _____ Photo ID Number _____</td> </tr> <tr> <td>Telephone # _____</td> <td colspan="2">Cell phone/e-mail address _____</td> </tr> </table> <p>Applicant #2</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Last Name</td> <td style="width: 40%;">First Name</td> <td style="width: 30%;">M I</td> </tr> <tr> <td colspan="3">Photo ID Type _____ Photo ID Number _____</td> </tr> <tr> <td>Telephone # _____</td> <td colspan="2">Cell phone/e-mail address _____</td> </tr> </table> <p>Names and addresses of Executor(trix) and/or all known heirs _____</p> <p>Are you currently receiving water service at another address? Yes No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Do you owe any balances on water service at another property? <input type="checkbox"/> <input type="checkbox"/></p> <p>Would you like an application for our Customer Assistance Programs including TAP and Senior Citizen Discount? <input type="checkbox"/> <input type="checkbox"/></p> <p>Application Language Preference: _____</p> <p>I/We occupy the referenced service address as (a) residential occupant(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-collapse: collapse;"> <tr> <td style="width: 80%;">Signature _____</td> <td style="width: 20%;">Date _____</td> </tr> <tr> <td>Signature _____</td> <td>Date _____</td> </tr> </table> | Last Name | First Name | M I | Photo ID Type _____ Photo ID Number _____ | | | Telephone # _____ | Cell phone/e-mail address _____ | | Last Name | First Name | M I | Photo ID Type _____ Photo ID Number _____ | | | Telephone # _____ | Cell phone/e-mail address _____ | | Signature _____ | Date _____ | Signature _____ | Date _____ | <p>Owner Information</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Last Name</td> <td style="width: 40%;">First Name</td> <td style="width: 30%;">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>For staff use only</p> <p>Letter authorizing occupancy received <input type="checkbox"/></p> <p>Living owner Information verified by:</p> <p><input type="checkbox"/> WRB record <input type="checkbox"/> BRT <input type="checkbox"/> Tax <input type="checkbox"/> Other _____ <input type="checkbox"/> Unable to verify</p> <p>Deceased owner</p> <p><input type="checkbox"/> Death Certificate <input type="checkbox"/> Letters of Administration <input type="checkbox"/> Other (describe) _____</p> <p>Applicant's relationship to owner _____</p> <p><input type="checkbox"/> Applicant ID <input type="checkbox"/> Current PECO bill <input type="checkbox"/> Current PGW bill</p> <p><input type="checkbox"/> Meter reading _____ Meter read date _____</p> <p><input type="checkbox"/> Tangled Title</p> | Last Name | First Name | M I | Telephone # _____ | | | Address: _____ | | | House # _____ | Street Address _____ | | City _____ | State _____ | Zip Code _____ |
| Last Name | First Name | M I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Photo ID Type _____ Photo ID Number _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone # _____ | Cell phone/e-mail address _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | First Name | M I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Telephone # _____ | Cell phone/e-mail address _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature _____ | Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature _____ | Date _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | First Name | M I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone # _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| House # _____ | Street Address _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City _____ | State _____ | Zip Code _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Application Status</p> <p><input type="checkbox"/> REJECTED <input type="checkbox"/> Insufficient Personal Identification <input type="checkbox"/> Owner Information needed (as requested above) <input type="checkbox"/> Insufficient authorization to occupy</p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> Issued Rights Information <input type="checkbox"/> With ownership interest All customer rights apply as outlined in the Customer Service Regulations. The current bill will be prorated, and billing in your name will be effective _____ using the current meter reading <input type="checkbox"/> Without ownership interest</p> <p style="text-align: center;">_____ WRB Representative/Title</p> <p style="text-align: right;">_____ Date</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |



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Occupant Requirements

- One current, government-issued photo ID.
- Current utility bills in your name, listing the street address for the property.
- A water meter reading. If there is no meter on the property, a meter must be installed before the application is approved. Call (215) 685-6300 to get a water meter installed.
- Evidence of occupancy or potential ownership. Evidence should include:
 - Administrator of estate document and/or letter of testamentary
 - Current utility bills for the property, in your name
 - Lease purchase agreements
 - Notarized letter of authorization to occupy property
 - An executor's certificate

The executor of the property or estate would need to file a Certificate of Death with the Department of Records, which is located in Room 180 in City Hall.

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 by emailing: admin.review@phila.gov.