RENTER DEPOSIT APPLICATION

DEVIL'S KITCHEN WATER DISTRICT

3324 GRASSY RD • CARBONDALE, IL 62902 • PHONE (618)549-5141

COPY OF PHOTO I.D. REQUIRED!

NAME: (LAST)_____(FIRST)_____(M.I.)_____

ADDRESS: _____CITY:_____

TELEPHONE: (HOME)_____(CELL)_____EMAIL_____

DRIVER'S LICENSE NUMBER:_____STATE: _____

SOCIAL SECURITY NUMBER:_____

PREVIOUS ADDRESS: _____

CITY:_____ STATE:_____ZIP:_____

CURRENT EMPLOYER:_____ WORK PHONE:_____

EMPLOYER'S ADDRESS:_____

NEAREST RELATIVE: (LAST)_____(FIRST)_____

THEIR ADDRESS:_____CITY:_____STATE:_____

THEIR PHONE NUMBER: (_____)_____

ARE YOU CURRENTLY ATTENDING SCHOOL? ❒ YES ❒ NO

IF SO, WHERE:_____

LANDLORD:_____ LANDLORD PHONE NUMBER:_____

X _____

YOUR SIGNATURE

FOR OFFICE USE ONLY

DEPOSIT RECEIVED: _____ DATE:_____ ROUTE #_____

AMOUNT

SERIAL NUMBER:_____ BEGINNING READING_____DATE:_____