

APPLICATION FOR SERVICE
Water, Sewer, and/or Residential Refuse

Today's Date:

PLEASE PRINT ALL OF THE INFORMATION EXCEPT SIGNATURE

Applicant: SSN:

The applicant is the person or company responsible for all receipt and payment of service.

Complete the following using the applicant's previous address.

Address:
City: State: Zip Code:
DL No: State:
Employer: Work Phone No:

Complete the following using the information of where service is desired.

Address:
City: State: Zip Code:
Home Phone: Cell Phone No:
Billing Address:
City: State: Zip Code:
Your Name:
Commercial Acct: Type: Tax ID:

Complete the following only if different from above

Company Name:
Address:
City: State: Zip Code:
Phone No.
Residential Acct:

If renting, complete landlord information below.

Landlord: Phone No:
City: State: Zip Code:

Note: Occupant attendance is required for water service connection unless indemnity waiver is signed.

Service Start Date: I will be Present: IS WATER ON:

I wish to receive water bill by e-mail E-mail Address:
 Check this box if you **DO NOT** want to receive occasional notices about City programs and events.

Signature: _____

**** WE MUST RECEIVE A COPY OF YOUR DRIVER'S LICENSE TO PROCESS THIS APPLICATION**

Return completed application and Indemnity Waiver Form to our office at:
151 W. Church Street OR Fax: 972.219.5097 e-mail: ub@cityoflewsville.com

OFFICE USE ONLY

Account No: _____ Receipt No: _____

Date Entered: _____ By: _____