

LAVALETTE PUBLIC SERVICE DISTRICT
APPLICATION FOR WATER SERVICE

HAVE YOU EVER HAD WATER SERVICE WITH LAVALETTE PUBLIC SERVICE DISTRICT? _____ IF SO, WHEN _____

NAME: _____ SPOUSE/ROOM MATE NAME: _____

MAILING ADDRESS: _____ SPOUSE/ROOM MATE SS#: _____

_____ SPOUSE/ROOM MATE EMPL: _____

PHONE: _____ SPOUSE/ROOM MATE EMPL ADDRESS: _____

SOCIAL SECURITY #: _____ SPOUSE/ROOM MATE EMP PHONE: _____

EMPLOYER: _____

EMPL. PHONE: _____

EMPL. ADDRESS: _____

SERVICE LOCATION: _____

ADULT OCCUPANTS IN HOUSEHOLD: _____

TOTAL OCCUPANTS IN HOUSEHOLD: _____

OWN _____ RENT _____

TYPE OF SERVICE: RESIDENTIAL _____

COMMERCIAL _____

LANDLORD'S NAME & ADDRESS IF RENTING:

PLEASE LIST A CLOSE FRIEND OR
RELATIVE NOT LIVING WITH YOU

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

RELATIONSHIP: _____

I HEREBY AUTHORIZE SERVICE TO BE ESTABLISHED IN MY NAME AT THE ABOVE PROPERTY LOCATION AND AGREE TO PAY FOR SERVICE UNTIL DISCONTINUED BY MY REQUEST IN WRITING. I UNDERSTAND THAT THIS APPLICATION IS ACCEPTED SUBJECT TO THE AVAILABILITY OF SERVICE AT THIS LOCATION.

APPLICANT'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

UTILITY REPRESENTATIVE SIGNATURE _____ DATE _____

OFFICE USE ONLY

ACCOUNT # _____

METER SIZE _____

METER READING _____

TAP FEE AMOUNT \$ _____

METER ROUTE _____

DATE TURNED ON _____

DEPOSIT AMOUNT \$ _____

WORK ORDER # _____

METER NUMBER _____

DEPOSIT NUMBER _____

SEWER AUTHORIZED BY _____