DEPOSIT $ _____ METER #_____

LOWRY CITY WATER / SEWER SERVICE APPLICATION

PRINT FULL NAME

_____
(LAST) (FIRST) (MIDDLE)

DATE SERVICE WANTED ON

_____

NAMES OF OTHER PEOPLE LIVING IN HOUSEHOLD _____

SERVICE ADDRESS
_____

MAILING ADDRESS

SOCIAL SECURITY # _____

DATE OF BIRTH _____

HOME PHONE _____

BUSINESS PHONE _____

NAME OF EMPLOYER & LOCATION
_____

HAVE YOU HAD PREVIOUS WATER SERVICE IN LOWRY CITY?
YES_____ NO_____

OWN HOME? YES____NO ____
LANDLORD'S NAME _____