

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 _____

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 _____