

Utility Application

Service Address:	Acct#:
Date Needed:	
Primary Applicant:	
Name:	Buying Renting
Last First Birth Date:	M.I. Phone#:
Birtii Date.	1 ποποπ.
Co-Applicant, if applicable:	
Name: Last F	irst M.I.
Birth Date:	Phone#:
Mailing Address:	
E-mail Address:	
Have you had service with the City of Leb	eanon before? Yes No
If yes, where?	
If you used a different name, please provide	le:
Emergency Contacts, please provide the names	and phone numbers of two people not living with you: (REQUIRED
INFORMATION in case there is an emo	ergency, and we can't reach you or other tenants)
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Property Owner Name:Property Owner Address	
\$300.00 may be required in special circumsta	perty owner(s) before an account can be setup and water turned on. (A deposit of ances). This deposit will be applied to the closing bill and any remaining credit to the customer's new account. The deposit will not earn interest.
Please provide a signed lease or rental agreem	ent or the warranty deed (title documents) with the completed application.
property owner. Payment information regards constitute a lien on real property for which the be charged \$5.00 plus 2% of any past due and of \$50.00 is required when a work order is pre-	such month. If the account is not paid by the 15 th , a lien notice will be sent to the ing your account may be provided to the owner of a property. Past due amounts e service was provided. When a delinquent notice is processed, the account will bunt. Service will be discontinued if the account is not paid in full. A service fee epared instructing personnel to shut off a service for non-payment of account, not ed off. The after-hours turn on fee is \$100.00. These fees are subject to change
	rice when due and abide by all ordinances regulating the use of City utilities and adopted by the City Council concerning said service.
Applicant's Signature Date	Co-Applicant's Signature Date
Deposit: Paid / Waived /Arrangements R#	Checked Clasins Pantal/Duven Assessment Clarks