CITY OF LOBELVILLE CUSTOMER INFORMATION SHEET

*NAME(S)				
*MAILING ADDRES	S			
CITY		_ STATE		ZIP
*PHYSICAL ADDRE	SS			
CITY				
*PHONE# WO		RK#		
*EMPLOYER			*EMAIL	
*BILL OPTION:	MAIL	OR	EMAIL	
OWNERSHIP:	HOME OV	VNER	RENTER	
LOCATION:	INSIDE CI	ΙΤΥ	OUTSIDE	
SERVICE TYPE:	GAS	WATER	SEWI	ER
In order for an applicant(s and provide a form of pic				le the applicant(s) must be at least 18 years old
I, the undersigned applica wells or springs shall be d				water main, all other sources of water such as lines.
The City of Lobelville wi termination of service.	ll allow only one (1) residence per t	ap. Failure to com	ply with this regulation could result in the
The City of Lobelville wi pressure or continuous ser whatsoever.	ll endeavor to furni rvice. The City of I	sh continuous wa Lobelville will no	ater and sewer, but ot be liable for any	does not guarantee to the customer any fixed damages due to interruption of service
	ice when necessary	and each custon	ner must be prepare	al water and sewer systems, the water supply ed for such interruption of service or damages
All services will be active Lobelville to place inactiv	•	oilled monthly w	ith or without usag	e unless the applicant(s) notifies the City of
I will notify the City of L	obelville should I n	nove from this lo	ocation and furnish	a good forwarding address for my final billing.
	City of Lobelville	shall have lawf	ul right to collect	ve it or not and understand that in the event the bill with extra charges and/or disconnect e 5 th of each month.
SIGNED			DATI	Ε
SIGNED			DATI	Ε