

**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 \_\_\_\_\_