

SOUTH LEBANON UTILITIES APPLICATION

Residential Application

NAME _____ SOCIAL SECURITY NO. _____

DRIVER LICENSE NO. _____

SPOUSE'S NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____
House No. Street Name Apt. No. City Zip codeBILLING ADDRESS: _____
(If Different from Above) House No. Street Name Apt. No. City Zip code

TELEPHONE NO. () _____

DATE SERVICES TO START _____

WILL SOMEONE BE HOME FOR WATER TURN ON? _____ YES _____ NO

IF NO, A SIGNATURE IS REQUIRED BELOW. IN SIGNING BELOW YOU ARE TAKING
RESPONSIBILITY FOR ANY WATER DAMAGE THAT MAY OCCUR IF SOMEONE IS NOT HOME AT
THE TIME THE WATER IS TURNED ON.

SIGNATURE _____ DATE _____

DO YOU RENT OR OWN THIS PROPERTY? _____ RENT _____ OWN

IF RENTING, PLEASE COMPLETE THE FOLLOWING:

LANDLORD NAME _____ TELEPHONE NO. () _____

ADDRESS _____
House No. Street Name Apt. No. City Zip code

I CERTIFY TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE, CORRECT,
AND COMPLETE.

SIGNATURE_____
DATE