



CITY OF LANCASTER WATER APPLICATION FOR COMMERCIAL SERVICE



Application Date: ____/____/____

Date Service Requested: ____/____/____

Business Name _____

dba / Name _____

Type of Business Corporation _____ Partnership _____ Sole Proprietor _____

Tax ID Number _____ Social Security # _____

Owner Driver Lic # _____ Office # _____ Fax # _____

E-Mail Address: _____

Owner Name(s) _____

AP Contact: _____

Service Address _____

Suite # _____ State: _____ Zip Code _____

Mailing Address _____

Suite # _____ State: _____ Zip Code _____

Service Address: _____

Mailing Address: _____

City / State / Zip _____

Is there a Dumpster at this address? _____ Yes _____ No

LIABILITY RELEASE: I HEREBY RELEASE THE CITY OF LANCASTER OF ALL LIABILITY IN THE EVENT DAMAGES ARE SUSTAINED TO PROPERTY OR CONTENTS DUE TO WATER DAMAGE WHICH MAY BE CAUSED BY LEAKY PIPES, OPEN FAUCETS OR BROKEN PIPES.

I HEREBY APPLY FOR THE UTILITY SERVICE AT THE ABOVE ADDRESS.

THIS SERVICE INCLUDES WATER, SEWER SANITATION, AND DRAINAGE. I AGREE TO PAY THE WATER SERVICE CHARGES AS THE BILLS COME DUE. ANY BILL NOT PAID BY THE DUE DATE WILL BE SUBJECT TO PENALTY CHARGES AND MY SERVICES CAN BE TERMINATED FOR NON-PAYMENT. IN ORDER FOR THE WATER TO BE TURNED ON BY THE CITY OF LANCASTER SOMEONE MUST BE AT THE PROPERTY.

Applicant Signature _____

Date: _____