

TOWN OF LYONS
UTILITY APPLICATION FOR SERVICE

Service Address:

Date to Begin Service:

Type of Service: Residential Units/multi-family Low Income Commercial

Services Applied for: Water Sewer Electric

Customer Status New Return Customer
Address of Previous Service: **Year:**

Applicant's Name

Driver's License #

Co-Applicant's Name

Driver's License #

EMAIL ADDRESS:

Mailing address (the one you will use for receiving mail when you live in Lyons; usually a box #):

Telephone: **Home** **Work** **Other**
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It is agreed by my signature that I will abide by the rules & regulations in Title 7 of the Lyons Town Code regarding the provision of utility services. Also, I understand the deposit for utilities will be applied to my account in one year if I have no delinquencies, unless services end prior to that time. Then the deposit will be applied to my account balance and a check refunded back to me for any funds not used from the deposit.

APPLICANT'S SIGNATURE

DATE

TENANT OWNER

(Please have owner sign on the next page if you are a tenant)

**INFORMATION REGARDING PROPERTY OWNER
AND PROPERTY OWNER SIGNATURE**

Property Owner:

Service Address:

Mailing Address:

Telephone:

It is agreed by my signature that I will abide by the rules & regulations in Title 7 of the Lyons Town Code regarding the provision of utility services.

PROPERTY OWNER'S SIGNATURE:

DATE

EMAIL ADDRESS:

FOR AGENT REPRESENTING OWNER
(MUST PROVIDE LEGAL DOCUMENTATION OR OWNER SIGNATURE)

NAME:

PHONE #

ADDRESS:

EMAIL ADDRESS:

Signature of AGENT:

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