

**CITY OF LOBELVILLE
CUSTOMER INFORMATION SHEET**

*NAME(S) _____

*MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

*PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

*PHONE# _____ WORK# _____ CELL# _____

*EMPLOYER _____ *EMAIL _____

OWNERSHIP: HOME OWNER _____ RENTER _____

LOCATION: INSIDE CITY _____ OUTSIDE _____

SERVICE TYPE: GAS _____ WATER _____ SEWER _____

In order for an applicant(s) to apply for utility services with the City of Lobelville the applicant(s) must be at least 18 years old and provide a form of picture I.D. to be copied and placed with your file.

I, the undersigned applicant(s), understand that at the time of connection to the water main, all other sources of water such as wells or springs shall be disconnected to prevent any cross-connection of water lines.

The City of Lobelville will allow only one (1) residence per tap. Failure to comply with this regulation could result in the termination of service.

The City of Lobelville will endeavor to furnish continuous water and sewer, but does not guarantee to the customer any fixed pressure or continuous service. The City of Lobelville will not be liable for any damages due to interruption of service whatsoever.

In connection with operation, maintenance, repair and extension of the municipal water and sewer systems, the water supply may shut off with-out notice when necessary and each customer must be prepared for such interruption of service or damages from the resumption of service without notice after such interruption.

I will notify the City of Lobelville should I move from this location and furnish a good forwarding address for my final billing.

I hereby agree to pay my bill when due (20th of each month) whether I receive it or not and understand that in the event of my failure to pay, the City of Lobelville shall have lawful right to collect the bill with extra charges and/or disconnect service. To avoid interruption in service, payments must be received by the 5th of each month.

SIGNED _____

DATE _____

SIGNED _____

DATE _____