



**LOCK HAVEN WATER/SEWER DEPARTMENT
20 E CHURCH ST • LOCK HAVEN • PA • 17745**

APPLICATION FOR WATER/SEWER SERVICE

Date: _____

I request water/sewer service be made in my name at the following:

Address: _____

Service Needed (Check One): Water Sewer Water and Sewer

Customer Name: _____ Check One: Owner Tenant

Phone Number: _____

Email Address: _____

Billing (if different from above):

Street: _____

City: _____ State: _____ Zip: _____

Owner's Name (if different from above): _____

Owner's Phone: _____

The applicant hereby agrees to abide by the rules and regulations of the Lock Haven Water/Sewer Department, and to pay all water/sewer charges for services provided under the rate schedules currently in effect and as amended in the future, until notice is given to the Water Department to discontinue service to this account.

Signature of Customer: _____ Date: _____

Office Use Only

Account Number: _____

Photo Id Number: _____ Expiration Date _____