

**CITY OF LOCK HAVEN, WATER DEPARTMENT
20 E CHURCH STREET, LOCK HAVEN, PA 17745**



APPLICATION FOR WATER SERVICE

Date: _____

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

ADDRESS: _____ No. OF UNITS: _____

SERVICE NEEDED: _____

Select One

CUSTOMER'S NAME: _____ OWNER TENANT

ACCOUNT NO.: _____

PHONE NO.: _____

OWNER'S NAME (if different from above): _____

OWNER'S PHONE: _____

Billing (if different from above):

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PHONE _____

EMAIL _____

The applicant hereby agrees to abide by the rules and regulations of the Lock Haven Water Department, and to pay for all water which s/he consumed 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: _____