

TOWN OF LACROSSE WATER / SEWER APPLICATION

DATE OF APPLICATION: _____ DATE REQUESTED WATER BE TURNED ON: _____

SERVICE ADDRESS OF WATER TURN ON: _____

DO YOU OWN THE PROPERTY OR BUILDING? YES NO

NAME OF APPLICANT: _____
FIRST MIDDLE LAST

NAME OF SPOUSE: _____
FIRST MIDDLE LAST

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMPLOYER: _____ WORK PHONE: _____

SPOUSE EMPLOYER: _____ WORK PHONE: _____

DRIVERS LICENSE # _____ SPOUSE # _____

TOWN OF LACROSSE ORDINANCE NO. 347 07-2008 REQUIRES HOME OWNERS TO NOTIFY THE TOWN CLERK WITHIN 5 DAYS WHEN AN OCCUPANT OF THE PREMISES MOVES IN OR OUT. FAILURE TO DO SO WOULD RESULT IN A \$50.00 FINE.

OCCUPANT: _____ SPOUSE: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ SPOUSE WORK: _____

I UNDERSTAND THE TOWN OF LACROSSE CHARGES A UTILITY DEPOSIT OF TWO MONTHS' WATER/SEWER TO TURN ON THE WATER. WATER/SEWER BILLS ARE DUE BY THE 25TH OF EACH MONTH AND WILL BE CHARGED A LATE FEE OF \$10.00 IF NOT PAID BY THE 25TH . THE UTILITY DEPOSIT WILL BE HELD BY THE TOWN FOR ONE YEAR AND WILL BE REFUNDED TO APPLICANT , IF THE ACCOUNT HAS BEEN IN GOOD STANDING FOR THE PAST YEAR.

SIGNATURE _____

----- OFFICE USE ONLY -----

METER # _____

ACCOUNT # _____

DATE WATER TURNED ON: _____ TIME: _____ AM PM METER READING _____

DATE OF REFUNDED UTILITY DEPOSIT: _____ CHECK # _____