

# Town of Leonville

## Utility Application for Gas, Water, and Sewer Services

Please provide applicant's unexpired driver's license or picture ID issued by Department of Motor Vehicles. (Name on application must match name on ID)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Last 4 Digits of SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Employer: \_\_\_\_\_

Present Employer's Phone Number: \_\_\_\_\_

Own: \_\_\_\_\_ Renting: \_\_\_\_\_

**If Renting:**

Property Owner's Name: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

I acknowledge I must satisfy all Town of Leonville delinquent utility accounts at this address before the Town extends new services to the requested address. By signing below, I understand that failure on my part to adhere to this agreement will result in having my utility services disconnected. I also certify that upon moving from the service address listed above, I will notify the Town of Leonville that I have moved and present a forwarding address.

I understand that if I do not pay my utility bills in a timely manner, I will be required to pay any additional fees that were added to the delinquent bill. Initials \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Required Deposits**

Residential/Commercial  100.00 (Water)  150.00 (Gas)

Method of Payment:  Check/Money Order  Cash  Credit/Debit Card

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date