

APPLICATION FOR LAMONT CITY SERVICES
All adult residents at premises must be listed on application.
Photo ID for each applicant is required.

DATE: _____ Account# _____

We the undersigned listed below, are jointly and severally responsible for all city service bills incurred at this premises.

APPLICANT #1: _____

APPLICANT SIGNATURE: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____

APPLICANT #2: _____

APPLICANT SIGNATURE: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____

APPLICANT #3: _____

APPLICANT SIGNATURE: _____

Social Security Number: ____/____/____ Date of Birth: ____/____/____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

ALTERNATE CONTACT: _____

PHONE: _____

TYPE OF SERVICE: ____ Residential ____ Commercial

GARBAGE: ____ 35-gal/week ____ 64-gal/week ____ Other (specify) _____

GB/Recycle containers received: _____
(date) (signature)

OFFICE USE
METER Deposit: \$75.00
Check number: _____ Date: _____
Deposit returned: \$ _____ Check number: _____ Date: _____
GB container returned: _____
NOTES: _____

