

TENANT 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 are residing at the service address listed below and 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

TENANT Deposit: **\$200.00**

Check number: _____ Cash receipt #: _____ Date: _____

Deposit returned: \$ _____ GB/Recycling Deposit Returned: \$ _____

Check number: _____ Date: _____

GB container returned: _____

Notes: