## APPLICATION FOR LAMONT CITY SERVICES

## All adult residents at premises must be listed on application. Photo ID for each applicant is required.

APPLICANT #1:  APPLICANT SIGNATURE:  Social Security Number:  APPLICANT #2:  APPLICANT SIGNATURE:  Social Security Number:  APPLICANT SIGNATURE:  Social Security Number:  APPLICANT #3:  APPLICANT #3:  APPLICANT SIGNATURE:  Social Security Number:  Bocial Security Number:  Bota of Birth:  Bota of Bota	DATE: Account#	
APPLICANT SIGNATURE:  Social Security Number:/ Date of Birth:/	We the undersigned listed below, are jointly and severally responsible for al bills incurred at this premises.	ll city service
Social Security Number:/ Date of Birth:/	APPLICANT #1:	
APPLICANT #2:	APPLICANT SIGNATURE:	_
APPLICANT SIGNATURE:	Social Security Number:/ Date of Birth:/_	/
Social Security Number:/	APPLICANT #2:	
APPLICANT #3:	APPLICANT SIGNATURE:	_
APPLICANT SIGNATURE:	Social Security Number:/ Date of Birth:/_	/
Social Security Number:/	APPLICANT #3:	
MAILING ADDRESS:	APPLICANT SIGNATURE:	_
CITY/STATE/ZIP: WORK PHONE: 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)	Social Security Number:/ Date of Birth:/_	/
CITY/STATE/ZIP: WORK PHONE: 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)	SERVICE ADDRESS:	
HOME PHONE:	MAILING ADDRESS:	
ALTERNATE CONTACT:	CITY/STATE/ZIP:	
PHONE:	HOME PHONE: WORK PHONE:	
TYPE OF SERVICE:ResidentialCommercial  GARBAGE:35-gal/week64-gal/weekOther (specify)  GB/Recycle containers received:	ALTERNATE CONTACT:	
GARBAGE:35-gal/week64-gal/weekOther (specify)  GB/Recycle containers received:	PHONE:	
GB/Recycle containers received:	TYPE OF SERVICE:ResidentialCommercial	
(date) (signature)  ******************  OFFICE USE  METER Deposit: \$75.00  Check number: Date:  Deposit returned: \$ Check number: Date:	GARBAGE:35-gal/week64-gal/weekOther (specify)	
****************  OFFICE USE  METER Deposit: \$75.00  Check number: Date:  Deposit returned: \$ Check number: Date:	GB/Recycle containers received:	
OFFICE USE           METER Deposit: \$75.00           Check number: Date:           Deposit returned: \$ Check number: Date:		
METER Deposit: \$75.00           Check number:         Date:           Deposit returned: \$         Check number:         Date:		******* 
Deposit returned: \$ Check number: Date:		
	Check number: Date:	
GB container returned:	Deposit returned: \$ Check number: Date:	
	GB container returned:	
NOTES:	NOTES:	