

**CITY OF LONOKE – CITY SERVICES
NEW RESIDENTIAL SERVICE INFORMATION**

APPLICANT

NAME _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE # _____

ALTERNATE PHONE # _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____

DATE OF BIRTH _____

EMPLOYER _____

ADDRESS _____

HOW LONG EMPLOYED _____

CO-APPLICANT

NAME _____

SOCIAL SECURITY # _____

DRIVERS LICENSE # _____

DATE OF BIRTH _____

EMPLOYER _____

ADDRESS _____

DAYTIME PHONE # _____

NEAREST RELATIVE NOT AT THE SAME ADDRESS

NAME _____

ADDRESS _____

CITY _____

PHONE _____

I AGREE TO PAY CHARGES INCURRED FOR MY WATER USAGE AND SERVICES WITH THE CITY OF LONOKE AND REALIZE THAT IF ANY AMOUNT IS NOT PAID I WILL BE RESPONSIBLE FOR ANY COURT & COLLECTION FEES INCURRED TO COLLECT DEBT OWED.

APPLICANT SIGNATURE

CO-APPLICANT SIGNATURE

HOUSE _____ APARTMENT _____ MOBILE HOME _____

NUMBER OF PEOPLE RESIDING IN HOME _____

DO YOU: OWN _____ RENT _____

IF RENTING, WHO OWNS PROPERTY?

PREVIOUS ADDRESS

UTILITY REFERENCES:

ELECTRIC

COMPANY NAME _____

ACCOUNT HOLDER NAME _____

GAS

COMPANY NAME _____

ACCOUNT HOLDER NAME _____

PHONE

COMPANY NAME _____

ACCOUNT HOLDER NAME _____

PREVIOUS WATER SERVICE

COMPANY NAME _____

ACCOUNT HOLDER NAME _____

DATE

DATE