



TOWN OF LILLINGTON

APPLICATION FOR WATER & SEWER SERVICE

DATE _____ ROUTE # _____ SEQUENCE # _____

ACCOUNT # _____ METER # _____

SERVICE ADDRESS: _____

APPLICANT NAME: _____ DEPOSIT _____

MAILING ADDRESS: _____ CONNECT FEE \$20.00

_____ TOTAL PAID _____

HOME TELEPHONE _____ CELL # _____

SSN: _____ DL # & STATE _____

EMPLOYER _____

EMPLOYER ADDRESS: _____ TELEPHONE # _____

CO-APPLICANT: _____

DL# & STATE _____ SSN: _____

EMPLOYER _____ TELEPHONE # _____

NAME & ADDRESS OF LANDLORD: _____

TELEPHONE #: _____