

**COLUMBUS LIGHT AND WATER DEPARTMENT
SERVICE INFORMATION**

CUSTOMER: Complete to Double Line (Please Print)

NAME: _____ SPOUSE'S NAME: _____
SERVICE ADDRESS: _____ TELEPHONE # _____
MAILING ADDRESS _____
ELECTRIC _____ WATER _____ SEWER _____
OWN _____ TRAILER _____ RENT _____ LANDLORD/REALTOR _____
PLACE OF EMPLOYMENT _____ YRS EMPLOYED _____
SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____
OTHER IDENTIFICATION _____
SPOUSE'S EMPLOYER _____ YRS EMPLOYED _____
SPOUSE'S SOCIAL SECURITY # _____
NEXT OF KIN _____
NAME ADDRESS TELE # RELATIONSHIP

I hereby agree to abide by all rules and regulations of the COLUMBUS LIGHT AND WATER DEPT.

Upon termination of services, for whatever reason, I agree to promptly pay all outstanding amounts incurred by me for services rendered by the COLUMBUS LIGHT AND WATER DEPARTMENT, less any deposits, as measured by the COLUMBUS LIGHT AND WATER DEPARTMENT's metering devices in accordance with the applicable rates and charges in effect at that time. I further understand that should I fail to make prompt payment of my final charges, the outstanding balance is subject to being turned over to a Collection Agency, with all reasonable collection fees being added to my outstanding balance and I hereby agree to pay said collection fees in addition to my final bill.

_____ Date

_____ Applicant's Signature

_____ Joint Applicant's Signature

_____ Light & Water Approval

TO BE COMPLETED BY LIGHT & WATER:

NEW SERVICE _____ REMOVAL _____ CHANGE IN BILLING _____ TRANSFER _____ CLASS _____
DEPOSITS: EL # _____ AMT _____ SURETY BOND \$ _____
WT # _____ AMT _____ BANK DRAFT # _____

PRESENT ACCOUNT # _____ PREVIOUS ACCOUNT # _____

PRESENT (EL) METER # _____ PREVIOUS (EL) METER # _____

PRESENT (WT) METER # _____ PREVIOUS (WT) METER # _____

TRANSFER SERVICE FROM: _____

SERVICE DATE: _____ REMOVAL DATE _____

FORWARDING ADDRESS _____