

Municipal Complex, 409 Fennell Boulevard, Lady Lake, Florida 32159 USA



352-751-1525 FAX: 352-751-1573 www.ladylake.org

**APPLICATION FOR WATER/SEWER SERVICE  
WE ARE AN EQUAL OPPORTUNITY PROVIDER**

**SECTION I**

WATER \_\_\_\_\_ SEWER \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

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OWNER \_\_\_\_\_ RENTER \_\_\_\_\_ (IF RENTING, SEE SECTION III)

REQUESTED START DATE: \_\_\_\_\_

CUSTOMER NAME: \_\_\_\_\_

SERVICE LOCATION: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

HAVE YOU EVER HAD WATER SERVICE WITH THE TOWN OF LADY LAKE? \_\_\_\_\_

IF YES, WHEN? \_\_\_\_\_ ACCOUNT NAME? \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

**SECTION II**

DRIVERS LICENSE: \_\_\_\_\_ STATE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DOB: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SECTION III**

NAME OF PROPERTY OWNER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ OWNER PHONE #: \_\_\_\_\_