

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



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

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

SECTION I

WATER _____ SEWER _____

ACCOUNT NUMBER: _____

OWNER: _____ TENANT: _____ (CHECK ONE)

REQUESTED START DATE: _____

COMPANY NAME: _____

SERVICE LOCATION: _____

BILLING ADDRESS: _____

EMAIL ADDRESS: _____

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

IF YES, WHEN? _____ ACCOUNT NAME? _____

SERVICE ADDRESS: _____

SECTION II

ACCOUNTS PAYABLE CONTACT: _____

PHONE #: _____ FAX #: _____

LOCAL CONTACT: _____ PHONE#: _____

FEDERAL ID #: _____ BUSINESS TAX RECEIPT #: _____

SECTION III

NAME OF PROPERTY OWNER: _____

ADDRESS: _____ OWNER PHONE #: _____