



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

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

RESIDENTIAL APPLICATION FOR WATER/SEWER SERVICE

WATER _____ SEWER _____ IRRIGATION _____ REUSE _____

ACCOUNT NUMBER: _____

To be issued by the Town of Lady Lake

CHECK ONE: OWNER _____ RENTER _____

PURCHASE DATE OR
REQUESTED START DATE: _____ Monday-Friday only

CUSTOMER NAME (1): _____

CUSTOMER NAME (2): _____

At least one customer name must be on the lease, Welcome Letter, deed, or closing papers.

SERVICE ADDRESS: _____

BILLING ADDRESS IF DIFFERENT
FROM SERVICE ADDRESS: _____

EMAIL ADDRESS: _____

DRIVERS LICENSE (1): _____ STATE: _____

DRIVERS LICENSE (2): _____ STATE: _____

DOB: _____ DOB: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMPLOYER: _____

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

IF YES, WHEN? _____ PAST ACCOUNT NAME: _____

PAST SERVICE ADDRESS: _____