

City of Lockport
Residential
Water and/or Sewer Service Application

Address _____

Apt. No. _____

Service to Start _____

Name _____

Telephone Numbers:

Home _____

Business _____

Cell _____

Bill to Address (if different) _____

Prior Address _____

Is this a Rental ___ Yes ___ No

If Renting:

Property Owner _____

Address _____

Telephone _____

If property is owned by a business or partnership

Name of partner or contact name _____

Address of Business or Owner _____

Phone Number _____

I agree to conform to all regulations in force or hereafter made relating to furnishing, using and paying for water/sewer/garbage in the City of Lockport

Signed _____ Date _____

222 E. 9th Street
Lockport, IL 60441
www.lockport.org
(815) 838-0549

Address _____

Account # _____