

**LYNN WATER WORKS
P.O BOX 145
LYNN, AL. 35575
(205) 893-5250**

APPLICANT _____ **DATE** _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

911 ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

TELEPHONE _____

TYPE OF SERVICE: RESIDENTIAL _____ **COMMERCIAL** _____

IS RIGHT OF WAY AVAILABLE _____

I AGREE TO COMPLY WITH THE RULES AND REGULATIONS OF THE LYNN WATER WORKS _____

WATER CLERK _____

DEPOSIT _____ **DATE PAID** _____

-----**OFFICE USE ONLY**-----

NAME OF PERSON WHO LIVED THERE LAST _____

IS THIS A NEW ACCOUNT _____

ACCOUNT NUMBER _____

SEQUENCE NUMBER _____

ROUTE NUMBER _____

RATE CODE _____

MONTH OF FIRST BILL _____

FIRST METER READING _____

CUSTOMER WATER AGREEMENT

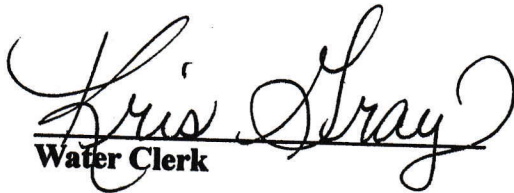
TOWN OF LYNN

LYNN WATER WORKS

I agree, understand and will follow the Rules and Regulations set forth by the Town of Lynn and the Lynn Water Works as long as service is rendered. I have received a copy of the Rules and Regulations of the Lynn Water Works and have read them before service is started.

Water Customer

Date


Water Clerk