

Lincoln Water Supply Corporation

Membership Application

Name: _____

Service Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above):

City: _____ State: _____ Zip: _____

Phone No.: _____ Alternate No.: _____

Email address: _____

Previous owner (if known): _____

*Email completed form to lincolnwatersupply@gmail.com and someone will reach out to you within 48 hours.

****Do not submit membership or meter fees until your service has been confirmed.**

[illegible]

For Office Use Only:

Meter Number: _____

Membership Fee \$_____ Received: _____

Meter Tap Fee \$_____ Received: _____

Meter relocation \$_____ Received: _____