

**City of Lava Hot Springs
P.O. Box 187, 115 West Elm Street
Lava Hot Springs, ID 83246**

APPLICATION FOR WATER SERVICE

Date: _____ Account No. _____

Applicant(s) Name: _____ Phone: _____

Social Security Number: _____

Street Address: _____

Legal Description: Lot(s) _____ Block _____
Subdivision _____

Mailing Address: _____

City, State, Zip code: _____

Type: Domestic _____ Commercial _____ Industrial _____

Meter Size: _____

Date new connection is required: _____

Connected By: _____

---or---

Date services are to be transferred: _____

I hereby certify that I am the (owner-purchaser under contract-tenant-renter or leaser) of the above described property and that I do hereby accept and will comply with all rules, ordinances, regulations and policies which may be prescribed by the City relating to water service and distribution and other City services and that I will be responsible for payment of this account.

Signed: _____

Rate: Water _____
Sewer _____
Garbage _____