



Application for Utility Services

Residential

Commercial

Industrial

Last Name _____ First _____ MI: _____

Driver's License Number _____ Issuing State _____ SS# _____

Service Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact (1) _____ Phone # _____

Emergency Contact (2) _____ Phone # _____

Company Name _____

Company Tax ID _____ Company Accounting Contact _____

Company Accounting Phone Number _____ Email _____

Is anyone in your home/business chronically or seriously ill, handicapped or on a life support system? Yes No

****If yes, please see The Town of Landis New Customer Packet for needed documentation****

Please check which applies to the property service address: Town Sewer: Private Septic:

Requested Start Service Date: ____ / ____ / ____

****Note: All complete applications must be received by 2:30 PM for same day connection****

Utility Services Agreement

Note: You must provide a (1) Valid State or Government Issued Photo ID, (2) Social Security Card, (3) Valid Lease Agreement or Proof of Property Ownership before Services are Started.

Agreement for Services with Town of Landis Utilities

It is hereby agreed that the undersigned will accept billing and be responsible for the utility charges accrued at the location described above as the "Service Address". This obligation will continue until such time that the signing party gives written notice in the form of a request to disconnect service to this office. If the collection of any delinquent charges is necessary, the signer agrees to be responsible for past due amounts and all costs accrued in the collection process, including disconnection fees, delinquent charges, legal fees along with processing and court costs. This application for Utility Services shall constitute a service contract between the Applicant and Town of Landis Utilities, and the Applicant agrees to pay and is bound by the rules and regulations of The Town of Landis Utilities.

Signature _____ Date _____