

LOCKWOOD Water & Sewer District

1644 Old Hardin

Billings, Montana 59101

(406) 259-4120

Fax (406) 259-1113

Web Site: www.lockwoodwater.com

REQUEST FOR:

- Transfer of Account
 New Account (Brand new service)

DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY & STATE: _____

HOME PHONE: _____ EMERGENCY CONTACT PHONE: _____

Property Affected:

ADDRESS OF PROPERTY: _____

ACCOUNT TO BE ISSUED IN NAME OF: _____

DATE REQUESTED SERVICE TO BE INSTITUTED: _____

WILL YOU BE RESIDING AT THE RESIDENCE AS OWNER OR LEASING OUT THE RESIDENCE?

RESIDING AT _____ LEASING OUT _____

I hereby acknowledge the following:

Lockwood Water & Sewer District Rules and Regulations are available on this website for review and future reference.

APPLICANT'S CERTIFICATION: By signing this request, applicant, under penalty of law, represents that he/she is eighteen (18) years old or older, of sound mind and legally the owner of the real property described herein, and, if acting on behalf of a corporation, partnership or other non human entity, that he/she is duly authorized to enter into this agreement on behalf of such entity.

IDEMNIFICATION: Applicant agrees to protect and hold harmless the District from any and all liability, loss, costs or expense, including attorney's fees on account of or in any way resulting from suits, claims, or actions for damages to any person arising out of or resulting from any false statement, representation or certification contained herein.

NOTICE: WATER SERVICE WILL BE SHUT OFF AT THE TIME OF FINAL READING AND WILL REMAIN OFF UNTIL ALL OUTSTANDING BILLS AGAINST THE PROPERTY ARE PAID IN FULL.

Signature of Applicant

PLEASE MAIL OR FAX THIS FORM TO OUR OFFICE.