

1644 Old Hardin Road Billings, Montana 59101 www.lockwoodwater.com (406) 259-4120 Fax (406) 259-1113 **REQUEST FOR:** DATE: () New Water Service () New Sewer Service () Transfer of Water & Sewer Service () Residential ()Commercial () Industrial NAME: MAILING ADDRESS: CITY & STATE: EMERGENCY CONTACT PHONE: HOME PHONE: PROPERTY AFFECTED: ADDRESS OF PROPERTY: ACCOUNT TO BE ISSUED IN THE 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 receipt of the following: 1. Lockwood Water & Sewer District Rules and Regulations 2. Copy of this request APPLICANTS CERTIFICATION: By signing this request, applicant under penalty of law, represents that he/she is (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. INDEMNIFICATION: Applicant agrees to protect and hold harmless the District from any and all liability, loss, cost of expenses, 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: Per LWSD Regulation No.3, the District contracts with owners of property (customer) or their legally authorized agents for service. The owner of the property shall be held ultimately responsible for payment to the District for services regardless of the amount used by tenants of rental properties. WATER SERVICE WILL BE SHUT OFF AT THE TIME OF FINAL READING AND WILL REMAIN OFF UNTILL ALL OUTSTANDING BILLS AGAINST THE PROPERTY ARE PAID IN FULL.

ACCOUNT NUMBER:_____ DATE PROCESSED:______

SIGNATURE OF APPLICANT: