

LCWSD-CUSTOMER INFORMATION SHEET

NAME: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____

PHONE #: _____

(IF DIFFERENT THAN MAILING ADDRESS)

PROPERTY ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP** _____

EMAIL: _____

DL # (ATTACH COPY BELOW)