

LANCELIN SOUTH WATER	
	Residents Account Establishment Form



Your Details

<i>First Applicant</i>	
First Name(s)	
Surname	
Contact Number	
Email	
Signature	

<i>Second Applicant</i>	
First Name(s)	
Surname	
Contact Number	
Email	
Signature	

Note:

- Each applicant must sign this form. By signing this form, I / we acknowledge that an account will be established using the name/s listed on this form with Lancelin South Water.
- I / we give Lancelin South Water permission to liaise with the applicant/s listed on this form, **unless other instructions to the contrary are provided in writing.**

Property Details

Lot No.	Street No.	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Postcode	
<input type="text"/>	<input type="text"/>	

Billing Address

Lot No.	Street No.	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	Postcode	
<input type="text"/>	<input type="text"/>	

Settlement Date/Move In Date

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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***Attachments - Please attach a copy of Certificate of Title as proof of ownership**

For Office Use Only			
Customer Reference No: _____	Date Processed: _____	Email Confirmation: Yes <input type="checkbox"/>	No <input type="checkbox"/>