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Closing Account Form Account Transfer Form New Customer Application

Date: _____

Name: _____

Address: _____

Mailing/Forwarding Address: _____

Phone: _____ Receive City-Wide Text Alerts? YES | NO

Alternate Phone: _____

Email: _____ Receive City-Wide emails? YES | NO

DL Number: _____ SSN: _____

Have you had an account with us before? YES | NO

If Yes, date of last service? _____

*Any past-due balances on previous accounts will be due in addition to the new customer deposit before water services can be activated.

For Office Use Only:

Receipt #: _____ Employee Initials: _____

Final/Initial Meter Reading: _____ Meter Number: _____

Technician: _____ After Hours? YES | NO

Account #: _____

"This institution is an Equal Opportunity Provider and Employer"