



**CITY OF LANCASTER
UTILITY SERVICES DEPARTMENT**

PERSONAL REPRESENTATIVE

ACCOUNT NUMBER

NAME ON ACCOUNT

PERSONAL REPRESENTATIVE

MAILING ADDRESS

DAYTIME PHONE # _____

EVENING PHONE # _____

SIGNATURE

DATE

NAME - PLEASE PRINT

PICTURE ID

FOR OFFICE USE ONLY

DATE OF FINAL BILL _____

DATE _____ *CLERK* _____

ATTACHED COPY OF PROBATE DOCUMENT _____