



**CITY OF LANCASTER**  
**UTILITY SERVICES DEPARTMENT**

**POWER OF ATTORNEY**

ACCOUNT NUMBER

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NAME ON ACCOUNT

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NAME OF POWER OF ATTORNEY

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MAILING ADDRESS

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DAYTIME PHONE # \_\_\_\_\_

EVENING PHONE # \_\_\_\_\_

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*NAME - PLEASE PRINT*

PICTURE ID

*FOR OFFICE USE ONLY*

DATE OF FINAL BILL \_\_\_\_\_

DATE \_\_\_\_\_ CLERK \_\_\_\_\_

ATTACHED COPY OF POWER OF ATTORNEY DOCUMENT \_\_\_\_\_