

Lincoln Water District  
3 Taylor Street, P.O. Box 306  
Lincoln, Maine 04457  
Telephone: 207-7942921  
Fax: 207-794-2985

Date of Application: \_\_\_\_\_

Applicants Name \_\_\_\_\_

Phone or message number: \_\_\_\_\_

Place of employment or source of income: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Drivers License No. (or picture ID) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Have you ever had service with this utility before? Yes ( ) No ( )

If yes, ask for service location or information you need to look up history/account status.

Service Location: \_\_\_\_\_

If rented property, Landlord's name, address, and phone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous address \_\_\_\_\_

How long at previous address: \_\_\_\_\_

Do you owe any outstanding bills for water service? Yes ( ) No ( )

Do you owe outstanding utility bills for any kind of utility service Yes ( ) No ( )

Have you filed bankruptcy within the past 6 years? Yes ( ) No ( )