



# Louisville Water Company Fill Station Card Application

Date \_\_\_\_\_

I am requesting: *(please check one)*

- New Account/Card     Replacement Card     Additional Card

Account Holder's Name \_\_\_\_\_

SS# / EIN (required) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Is Card for Commercial or Residential use? \_\_\_\_\_

Existing Account Number (for additional / replacement card) \_\_\_\_\_

**Fax completed form to (502) 569-0818.**

**You will receive a follow-up call within 2 business days to notify you of your pin number. The card will be mailed to the mailing address above.**

**Call New Services at (502) 569-3600 ext. 2162 if you have questions about this application form.**