

Customer #: \_\_\_\_\_  
Account #: \_\_\_\_\_

City of Port Wentworth

Receipt #: \_\_\_\_\_

Amount Pd: \_\_\_\_\_

Service Date: \_\_\_\_\_

**APPLICATION FOR SERVICES**

Applicant's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Email Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Mobile Telephone Number \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

**Employed:**     No             Yes – If Yes, please complete the following:

Employer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employer Address \_\_\_\_\_

**Do you:**             Own             Rent - If so, please complete the following:

Landlord's Name \_\_\_\_\_ Landlord's Telephone Number \_\_\_\_\_

Landlord's Address \_\_\_\_\_

**Alternate Contact Information:**

Name of Relative NOT Living With You \_\_\_\_\_

Address of that Relative \_\_\_\_\_ Relative's Telephone Number \_\_\_\_\_

**Have you ever had service with the City?**     No             Yes – If so, any outstanding balance must be paid in full.

**Type of Service Requested:**

- |   |  |
|---|--|
| <input type="checkbox"/> Residential Water      | <input type="checkbox"/> Commercial Water      |
| <input type="checkbox"/> Residential Sewer      | <input type="checkbox"/> Commercial Sewer      |
| <input type="checkbox"/> Residential Sanitation | <input type="checkbox"/> Commercial Sanitation |
| # of carts: _____                               | Size dumpster: _____                           |
|   | # of pick-ups: _____                           |

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_