

Customer # _____

Account # _____

CITY OF PORT WENTWORTH

Application for Services

Receipt # _____

Amount Pd _____

Service Date _____

Applicant's Name _____ Social Security Number _____

Driver's License Number _____

Telephone Number _____ Cell Phone Number _____ Email Address _____

Service Address _____

Mailing Address (if different from above) _____

Employed: Yes No If yes, please complete the following:

Employer _____ Phone Number _____

Employer Address _____

Name of Relative **NOT** Living With You: _____

Address: _____

Telephone Number: _____

*Has applicant ever had service with the City? _____ yes _____ no

If so, any outstanding balance must be paid in full.

***CHECK ONE**

- OWN
- RENT If rent, please complete the following:

Landlord's Name _____

Address _____

Telephone Number _____

Type of Service Required:

- RESIDENTIAL WATER
- RESIDENTIAL SEWER
- RESIDENTIAL SANITATION, # of carts: _____
- COMMERCIAL WATER
- COMMERCIAL SEWER
- COMMERCIAL SANITATION
Size dumpster _____, # of pickups _____

Service Area:

- A
- B
- C

NOTE: Residents living in Newport and Lake Shore will be charged \$2.50 monthly for Street Light Maintenance.

I hereby certify that all the above information is true and correct.

Applicant Signature _____ Date _____