185 Atlanta Avenue
P.O. Box 201
Waco, Georgia 30182

Phone 770.537.3314
Fax 770.537.6505
wacosam@bellsouth.net

CITY OF WACO UTILITY APPLICATION

DATE SERVICE NEEDED: _____ **_____UNLOCK ONLY** **_____TURN ON**

SERVICES APPLYING FOR: WATER _____ **SEWER** _____ **GARBAGE** _____

APPLICANT NAME: _____

SSN # _____ **D.L. #** _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: _____ **EMAIL:** _____

APPLICANT'S EMPLOYER: _____

ADDRESS/PHONE #: _____

EMERGENCY CONTACT WHO DOES NOT LIVE WITH YOU:

NAME: _____ **PHONE #:** _____

RENTING ($150 DEPOSIT): _____ **BUYING ($100 DEPOSIT):** _____

COPY OF LEASE AGREEMENT: _____ **PROOF OF PURCHASE:** _____

IF RENTING – OWNER'S NAME: _____**PHONE:** _____

I HEREBY VERIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____
(SIGNATURE OF APPLICANT) (DATE)

[FOR OFFICE USE]

ACCOUNT #_____ READING_____ RESIDENTIAL_____ BUSINESS_____

DEPOSIT AMT._____ DATE _____ CHECK # _____ CASH_____ EMPLOYEE INITIAL _____