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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 _____