

APPLICATION FOR UTILITIES SERVICE

CITY OF FRANKLIN SPRINGS
P O Box 207
Franklin Springs, GA 30639
PH: 706-245-6957

For Office Use Only:
Acct # \_\_\_\_\_
Service Disconnected \_\_\_\_\_

NAME First Middle Last

RACE/ETHNICITY White Native Hawaiian Black or African American
Asian Hispanic/ Latino American Indian/Alaskan Native

GENDER MALE FEMALE

DATE OF BIRTH DRIVERS State LICENSE #

SOCIAL SECURITY # (optional)

SERVICE ADDRESS Street Address
City State Zip

MAILING ADDRESS Street Address
City State Zip

PHONE Home/Cell Work

EMERGENCY CONTACT Name Phone#
Street Address
City State Zip

EMPLOYER NAME

EMPLOYER PHONE #

UTILITY SERVICES NEEDED SEWER WATER GARBAGE

APPLICANT'S SIGNATURE DATE

DEPOSIT PAID \$ Amount Paid Cash CC Ck# Payment Type Date Paid

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