

**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 \_\_\_\_\_  
DRIVERS State

DATE OF BIRTH \_\_\_\_\_ 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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