

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 [] # _____

START DATE OF SERVICE _____

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 _____ (required in city)

APPLICANT'S SIGNATURE _____ DATE _____

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

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