

City of Georgetown Waterworks Application for Water/Sewer Service

No one under age 18 is allowed to receive service in their name

First Name:

Last Name:

Service Address:

Name(s) _____

Service Address _____

Phone Number Home _____ Cell _____

Employer or Source of Income _____

Employer Phone Number _____

Photo I.D. Number* _____ State _____ Copy Required

Date of Birth _____

Do you Own Legal Proof Required: e.g. Closing documents, Deed, Tax bill

Buying Contract for Deed Legal Proof Required including Seller's name, address
and phone number: _____

Do you Rent Copy of Lease Agreement Required

Landlord Name and Phone number _____

Address to send your bill, if different: _____

Signature _____ Date _____

Signature _____ Date _____

By signing this application you agree to assume responsibility for payment of services.

A forwarding address will be required when service is terminated.

For Office Staff Use Only

Deposit Amount Paid _____

Cash/Check # _____

Receipt Number _____

Date _____ Initials _____