



CITY OF DARIEN
PO BOX 452 104 1ST ST. WEST
DARIEN, GA 31305
(912) 437-6686

Application for Water & Sewer Services

Date: _____ SS# _____

Name: _____ DOB: _____

Service Address: _____ Drivers License # _____

Mailing Address: _____ Cell Phone # (____) _____

City/ State/ Zip _____ Home Phone# (____) _____

Work Phone# (____) _____

Transfer of Address: (Old) _____

(New) _____

Residential garbage pick-up 2 or 3 times per week. (Circle One)

Commercial garbage pick-up 1 2 3 4 5 times per week. (Circle One)

Do you own this property? Yes No Are you renting/leasing this property? Yes No

Is House Number visible from road? Yes No (If No, please correct)

If renting, What is the name of the property/ home owner? _____

Will this property be used for Commercial or Industrial Purposes? Yes No

Is this property located inside the city limits or outside the city limits? (Circle One)

Is this property a house, mobile home, or apartment? (Circle One)

Office Use Only!!

Deposit Amount Paid \$ _____ Cash / Check# _____ / Money Order# _____

Account # _____ Meter Serial# _____ Beginning Read _____ Date _____

Location # _____ Plant # _____ Cycle# _____ Route# _____ Folio# _____ Read Sequence # _____

Transfer of Account : Old Location # _____ New Location # _____ Deposit Made Date: _____

Residential Garbage _____ times per week, Commercial garbage _____ times per week. Trash Can # _____

Authorized Personnel: City Hall - _____ Color Code # _____

Water Dept - _____