



**PO BOX 452
702 North Way
DARIEN, GA 31305
(912) 437-6686
FAX (912) 437-2208**

Application for Water & Sewer Services

Date: _____ SS# _____

Name: _____ DOB: _____

Service Address: _____ LIC#: _____

Mailing Address: _____ Cell Phone#: _____

City/State/Zip: _____ Home Phone#: _____

Transfer of Address: (Old) _____

(New) _____

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, apt./condo, commercial? (Circle One)

Signature

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: _____

Authorized Personnel: Water Dept. - _____