

**MAILED  
DUE  
CUTOFF**

**CITY OF FORSYTH  
APPLICATION FOR RESIDENTIAL UTILITIES**

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**DUE TO OUR BILLING CYCLES, YOU MAY RECEIVE A BILL FOR MINIMUM CHARGES EVEN IF YOU HAVE SERVICES FOR ONE DAY. CUTOFF DATES ARE 5 DAYS AFTER DUE DATE. NO NOTICES WILL BE SENT OTHER THAN YOUR BILL. YOUR DUE DATE IS THE \_\_\_ OF EACH MONTH.**

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TODAY'S DATE: \_\_\_\_\_ DATE SERVICES REQUESTED: \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ PICTURE ID REQUIRED

SERVICE ADDRESS: \_\_\_\_\_ BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

TELEPHONE NUMBER (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_

SPOUSE'S PLACE OF EMPLOYMENT: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTOR FEE (IF REQUIRED): \_\_\_\_\_

ACTIVE PERMIT AT THIS LOCATION: \_\_\_ YES \_\_\_ NO

<b>UTILITIES REQUESTED:</b>	<b>DEPOSIT AMOUNT:</b>	<b>TAPS REQUESTED:</b>	<b>FEES:</b>
LIGHTS: _____	_____	<b>(CONTACT NUMBER REQUIRED ON TAPS)</b>	
WATER: _____	_____	WATER: _____	_____
GARBAGE: _____		SEWER: _____	_____

SECURITY LIGHT: \_\_\_ \$9.50/MONTH & UP MODEL 10 SURGE PROTECTOR \_\_\_ \$6.00 MTH

I HAVE RECEIVED A COPY OF THE UTILITIES APPLICATION AND UNDERSTAND THAT UTILITIES REQUESTED WILL BE COMPLETED BY 5PM THE FOLLOWING BUSINESS DAY AND TAPS REQUESTED WILL BE COMPLETED WITHIN 5 BUSINESS DAYS.

SIGNATURE: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

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NAME CHANGE ONLY? YES \_\_\_ NO \_\_\_

RECEIPT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

WORK ORDER NUMBER: \_\_\_\_\_ DATE \_\_\_\_\_

TYPE OF SERVICE: \_\_\_\_\_ NEW \_\_\_\_\_ EXISTING

UNOCCUPIED FOR ONE YEAR? \_\_\_ YES \_\_\_ NO (IF YES ELECTRIC INSP. REQUIRED) CASHIER: \_\_\_\_\_

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**FOR WATER DEPARTMENT USE ONLY**

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ESTIMATE COST OF BORE: \_\_\_\_\_

ESTIMATE COST OF EXTRA MATERIALS: \_\_\_\_\_

ESTIMATE NUMBER OF DAYS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_