



CITY OF STOCKBRIDGE

APPLICATION FOR WATER, SEWER & SANITATION SERVICE

DATE _____ ACCOUNT NO _____

SANITATION ROUTE _____

CUSTOMER INFORMATION:

NAME _____
LAST FIRST MI

SERVICE ADDRESS _____
CITY STATE ZIP

MAILING ADDRESS _____
(IF DIFFERENT FROM ABOVE) CITY STATE ZIP

HOME PHONE NO _____ CELL PHONE NO _____

PLACE OF EMPLOYMENT _____ BUSINESS PH NO _____

ADDRESS _____
CITY STATE ZIP

SSN _____ DOB _____

SPOUSE NAME _____

SPOUSE'S EMPLOYMENT _____ BUSINESS PH NO _____

SSN _____ DOB _____

NEAREST RELATIVE _____ RELATIVE PH NO _____

ADDRESS _____
CITY STATE ZIP

I (we) agree to abide by the rules and regulations of the City of Stockbridge's Water, Sewer & Sanitation department.

SIGN HERE _____

SERVICE INFORMATION: (for office use only)

OWN RENT

SERVICE ADDRESS _____ S/D _____

TYPE? RESIDENTIAL _____ BUSINESS _____ | DEPOSIT _____ cash check Receipt No _____

TURN ON DATE _____ READING _____

TURN OFF DATE _____ READING _____

FORWARDING ADDRESS _____
CITY STATE ZIP

PHONE NO _____