

# City of Walthourville

## City Council

Charlie Anderson, Sr.  
James E. Hendry  
Bridgette Kelly  
Luciria L. Lovette  
Sarah B. Hayes

Larry D. Baker  
Mayor

"Always Moving  
While Improving"

## City Administration

Shana T. Moss, City Clerk  
Christopher Reed, Interim Chief of Police  
Fire Chief  
Dave Martin, Interim Public Works  
Luke R. Moses, City Attorney

### Application for Service

HAVE YOU HAD SERVICES WITH THE CITY OF WALTHOURVILLE BEFORE? YES \_\_\_ NO \_\_\_ DO YOU RENT OR OWN? \_\_\_\_\_ IF YOU RENT, NAME OF LANDLORD \_\_\_\_\_ LANDLORD MAILING ADDRESS \_\_\_\_\_ LANDLORD TELEPHONE# \_\_\_\_\_

Please provide a copy of lease or proof of ownership and a picture ID when applying for services

CUSTOMER NAME \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ TELEPHONE# \_\_\_\_\_ DOB \_\_\_\_\_

IDENTIFICATION PROVIDED \_\_\_\_\_ STATE \_\_\_\_\_ IDENTIFICATION# \_\_\_\_\_

LOCATION OF SERVICE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER PHONE# \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

CHECK ONLY ONE: TYPE OF SERVICE REQUESTED.

\_\_\_ WATER AND GARBAGE \_\_\_ SEWER ONLY \_\_\_ WATER ONLY (LONG COUNTY)

\_\_\_ PERMIT FEE \_\_\_ WATER/GARBAGE/SEWAGE \_\_\_ GARBAGE ONLY (OUTSIDE CITY OR TRAILER PARKS)

ANSWER ONLY IF APPLYING FOR SEWER SERVICE: YOU MUST HAVE CITY WATER IN ORDER TO HAVE SEWER SERVICE. DO YOU CURRENTLY HAVE CITY WATER?  
\_\_\_ YES OR NO

IN ORDER TO HAVE WATER SERVICES CONNECTED, CUSTOMER MUST BE ON PREMISES. NEW SERVICES WILL BE CONNECTED THE SAME DAY OF APPLICATION FOR SERVICES BETWEEN THE HOURS OF 9:00AM AND 4:00PM. AFTER 4:00 PM, SERVICES WILL BE CONNECTED THE NEXT BUSINESS DAY. THERE WILL BE A \$15.00 RETURN TRIP FEE IF CUSTOMER IS NOT PRESENT FOR CONNECT. \_\_\_\_\_ INTIAL HERE

APPLICANT SIGNATURE \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

NEAREST RELATIVE \_\_\_\_\_

RELATIVE ADDRESS AND PHONE \_\_\_\_\_

THE FOLLOWING INFORMATION IS REQUESTED BY THE FEDERAL GOVERNMENT IN ORDER TO MONITOR COMPLIANCE WITH FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST APPLICANTS. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL BE USED IN EVALUATING YOUR APPLICATION FOR DISCRIMINATION AGAINST YOU IN ANY WAY, HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, WE ARE REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN OF INDIVIDUALS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

\_\_\_ WHITE NOT OF HISPANIC ORGIN \_\_\_ HISPANIC \_\_\_ BLACK NOT OF HISPANIC ORGIN

\_\_\_ ASIAN OR ISLANDER \_\_\_ AMERICAN INDIAN OR ALASKAN \_\_\_ OTHER

ACCOUNT# \_\_\_\_\_ DATE PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK \_\_\_\_\_ MONEY ORDER \_\_\_\_\_ CREDIT CARD \_\_\_\_\_

Amount of Deposit: \_\_\_\_\_ Service: \_\_\_\_\_ Residential \_\_\_\_\_ Business \_\_\_\_\_ Other \_\_\_\_\_

\*\*This is an Equal Opportunity Program, Discrimination is prohibited by Federal Law. Complaints of Discrimination may be filed with the Secretary of Agriculture, Washington, D.C.20250

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### TRANSFER OF DEPOSIT

I, \_\_\_\_\_, TRANSFER MY DEPOSIT OF \$ \_\_\_\_\_ TO \_\_\_\_\_.

I understand that because of the transfer, I will not receive a deposit refund from the City of Walthourville.

Transferred from  
LOCATION OF SERVICE \_\_\_\_\_

Transferred to (also complete top portion of application)