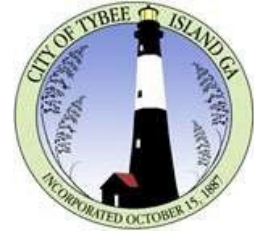


# APPLICATION FOR WATER/SEWER SERVICE

CITY OF TYBEE ISLAND  
P.O. Box 2749  
403 Butler Avenue, Tybee Island, GA 31328-2749  
Contact: Gail L. Perry gail.perry@cityoftybee.gov  
(912) 472-5025 Fax (912) 786-9465



Residential/200.00 Deposit\_\_\_\_\_ Commercial/500.00 Deposit\_\_\_\_\_ Own\_\_\_\_\_ Rent\_\_\_\_\_

A 35.00 set-up fee and 200.00 deposit will be added to the first bill.

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

SERVICE STREET ADDRESS: \_\_\_\_\_

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

Street

\_\_\_\_\_

City

\_\_\_\_\_

Zip

PRIMARY PHONE: \_\_\_\_\_ SECONDARY: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

I hereby apply for service at the address shown above. I have read and agree to adhere to the ordinances governing such service. I further agree to financial responsibility for charges billed to this account

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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\*\*Owner signature required to process rental application. Owner is ultimately responsible for any outstanding bills that may occur.

Owner Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

CITY ASSIGNED ACCOUNT NUMBER \_\_\_\_\_