



Residential Service Application

City of Springfield

130 S. Laurel Street
PO Box 1
Springfield, GA 31329
(912) 754-7617

Requested Service Connection Date: _____

Applicant's Name: _____ Social Security#: _____

Service Address: _____ Subdivision (If Applicable): _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Preferred Method of Contact: Phone Email

Do you Own or Rent the home? _____ Renters must provide a copy of their signed lease/rental agreement.
Service will not be connected if this is not provided.

Have you ever had service with us in the past? Yes No

I understand by completing this application for service that I am the responsible party for the bills. I also understand that failure to receive a bill does not excuse non-payment and if this account becomes two months behind the service will be disconnected and payment of everything owed plus a \$50 administrative fee will be required to have the service reconnected.

Applicant's Signature

Date

FOR OFFICE USE ONLY

ID Verification:

Driver's License/ID No.: _____ Issuing State: _____ Date of Birth: _____

Services Provided

- Water
- Sewer
- Garbage/Recycling

Deposit Information

Amount Paid \$ _____ Date Paid: _____
 Payment Type: Cash Check _____ Credit _____
 Deposit Transferred: Account# _____ Amount: _____

Clerk's Signature: _____

Meter ID: _____

New Account Number Assigned: _____

Beginning Reading: _____