

# City Of Porterdale

[www.cityofporterdale.com](http://www.cityofporterdale.com)

P. O. Box 667 Porterdale, GA 30070-0667 Phone: 770-786-2217 Fax: 770-786-5171  
WATER, SEWER, AND GARBAGE APPLICATION

\*\*\*\*Application fee is \$5.00 and must be paid before deposit amount is determined by credit rating. \*\*\*\*

Adult Resident #1: \_\_\_\_\_ #2: \_\_\_\_\_

Service Address: \_\_\_\_\_

Mailing Address:  
Street or P. O. Box \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

SS #- Resident #1: \_\_\_\_\_ #2: \_\_\_\_\_

Date of birth-Resident #1: \_\_\_\_\_ #2: \_\_\_\_\_

Phone Number: \_\_\_\_\_ or Cell # \_\_\_\_\_

Email- Resident #1 \_\_\_\_\_

Email- Resident #2 \_\_\_\_\_

Employer-Resident #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer-Resident #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Occupants in Home: \_\_\_\_\_

Signature Resident #1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Resident #2: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this application you agree to the City of Porterdale reviewing your credit history to determine your deposit.

\*\*Credit cards are not accepted in office. \*\*

For City of Porterdale Use Only:

Application fee paid: \_\_\_\_ Yes \_\_\_\_ No Deposit Amount: \$ \_\_\_\_\_

Date: \_\_\_\_\_ Deposit Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_

Acct #: \_\_\_\_\_ Seq # \_\_\_\_\_

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_