



CITY OF FOLKSTON
APPLICATION FOR WATER, SEWER & GARBAGE
PROOF OF UTILITIES FOR RENTERS

Applicant Name _____

Service Address _____

Landlord Name _____

Landlord Address _____

Landlord Phone _____ Service Start Date _____

I certify the above named applicant has been approved for rental of above listed property and will be responsible for the water/sewer/garbage bill at this location beginning on the service start date listed. If Proof of Utilities form is not on file at the City of Folkston, the owner will be responsible for payment of utilities.

Signature of Landlord _____ Date _____

-----TO BE COMPLETED BY WATER DEPT-----

Name in which utility was turned on: _____

Account Number _____ Service Start Date _____

Clerks Signature _____ Date _____