

Frankston Water Department
Application for Water and Sewer Service

DATE _____

NAME _____ SPOUSE NAME _____

TELEPHONE # _____

DRIVERS LICENSE# _____

TRASH SERVICE ONCE WEEKLY _____ TWICE WEEKLY _____

SERVICE ADDRESS _____

MAILING ADDRESS _____

HAVE YOU BEEN ON FRANKSTON WATER BEFORE? YES/NO

OWN OR RENT (CIRCLE ONE)

NAME OF LANDLORD IF RENTING _____

ADDRESS _____

PHONE NUMBER _____

NAME AND ADDRESS, PHONE NUMBER OF NEAREST RELATIVE OR FRIEND NOT

LIVING WITH YOU: _____

I HAVE RECEIVED A COPY OF REVISED ORDINANCE NUMBER 031417

SIGNATURE