

APPLICATION FOR WATER/SEWER SERVICE

CITY OF TYBEE ISLAND
P.O. Box 2749
403 Butler Avenue, Tybee Island, GA 31328-2749
(912) 472-5025, Fax (912) 786-9465 www.cityoftybee.org



Commercial/\$500 deposit ____ Residential/\$200 deposit ____ Own _____ Rent _____

CUSTOMER NAME:

SERVICE ADDRESS:

BILLING ADDRESS:

CITY

ZIP

PHONE NUMBER:

SECONDARY:

Driver's License Number:

State:

New Construction:

Transfer of Service:

Date:

Note: \$35.00 set up fee is applied to first bill

Paperless option and auto pay are available: XPRESSBILLPAY.COM

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.

Signature: _____

Date: _____

Account : (Assigned) _____

Below for Landlord/Tenant only:

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

Owner Name: _____

Date _____

Signature: _____ Phone: _____

Tenant Name: _____ signature: _____