

**DCWS**  
**Application for Service**      Application Date:

Name:		Request Start Service On:	
Date of birth:	SSN:	Day Phone:	
State:		*Drivers License #	
Service address:		Lot #	
City:	State:	ZIP Code:	
*Own:	*Rent:	Deed:	Contract for Deed:
Landlord:			
<b>*Include copy of drivers license(s) and copy of Deed or Rental Agreement</b>			
Billing address:			
City:	State:	ZIP Code:	
Night Phone:	Cell Phone:	Email:	
Employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
Position:			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
CO-APPLICANT INFORMATION			
Name:			
Date of birth:	SSN:	Day Phone:	
State:		*Drivers License #	
Employer:			
Employer address:		How long?	
Phone:	E-mail:	Fax:	
City:	State:	ZIP Code:	
<b>*INCLUDE COPY OF DRIVERS LICENSE(S) AND COPY OF DEED OR RENTAL AGREEMENT</b>			
ADDITIONAL ADULT OCCUPANTS			
Name	Relationship	Date of Birth	
DCWS OFFICE USE ONLY			
Packet Sent:	\$'s Received:	Tap:	Other Fees:
Technician Notified:	Turned On:		If for Builder, include faucet install
Account Set Up:	Added to:	[ ] STAR!	
Service Requested:	Tap Fee:	Deposit:	Application:
Other Due:			
Account #:			Premise:
Meter #:	Reading:	Read on:	Sequence:

Email to [dcws@mchsi.com](mailto:dcws@mchsi.com) or Fax to 229-446-0826, then mail original with appropriate documents & fees to:  
P O Box 70295, Albany, GA 31708-0295

Last updated: 09/06/21

Signature: