CITY OF GREENSBORO

APPLICATION FOR UTILITY SERVICES

OWNER

DATE:	ACCOUNT
NAME(S)	
SERVICE ADDRESS:	
MAILING ADDRESS:	
PHONE NUMBER	
PLACE OF EMPLOYMENT	
PHONE NUMBER	
FORMS OF ID:	
SOCIAL SECURITY NUMBER	
DRIVERS LICENSE NUMBER	
HAVE YOU EVER HAD SERVICES WITH THE C	TY OF GREENSBORO:
OLD ACCOUNTS MUST	FIRST BE PAID IN FULL!
	sements, right-of-ways, and permits needed for all the meter/or tap at street only. From street
SIGNATURE OF APPLICANT(S)	
	USE ONLY
WATER TAP:	SERIAL #
SEWER TAP:	SIZE OF METER:
GAS TAP:	DATE INSTALLED
AMOUNT PAID:	#STATIONARY ZEROS
NAME OF EMPLOYEE INSTALLING	