



**CITY OF SYLVANIA**  
**RESIDENTIAL APPLICATION FOR UTILITY**

				DATE:	ACCOUNT NUMBER:
NAME: LAST	FIRST	MIDDLE	MAIDEN	SOCIAL SECURITY NUMBER:	PHONE NUMBER:
SERVICE ADDRESS:				MAILING ADDRESS:	
LOCATION OF OTHER SERVICE IN YOUR NAME:				DRIVERS LICENSE NUMBER/STATE:	DATE OF BIRTH:
EMERGENCY CONTACT NAME, ADDRESS AND PHONE NUMBER				CREDIT APPLICATION: YES ____ NO ____	
LANDLORD'S NAME, ADDRESS AND PHONE NUMBER:				PROPERTY OWNER YES ____ NO ____	
EMPLOYER'S NAME, ADDRESS AND PHONE NUMBER:				DRAFT YES ____ NO ____	
SERVICE REQUESTED: ELECTRICITY _____ WATER _____ SEWER _____ GAS _____ GARBAGE IC _____ OC _____ SECURITY LIGHT CONTRACT _____				DATE REQUIRED:	
DEPOSIT AMOUNT:			DEPOSIT PAYMENT DATE:	RECEIPT NUMBER:	
DISABLED PERSON'S NAME IN HOME			DISABILITY	*PROOF/DOCTOR'S STMT YES ____ NO ____	

I UNDERSTAND THAT:

"A PERSON WHO KNOWINGLY FALSIFIES, CONCEALS OR COVERS UP BY ANY TRICKS, SCHEME OR DEVICE A MATERIAL FACT, OR MAKES A FALSE, FICTITIOUS OR FRAUDULENT STATEMENT OR ENTRY, IN ANY MATTER WITHIN THE JURISDICTION OF ANY DEPARTMENT OR AGENCY OF STATE GOVERNMENT OF ANY COUNTY, CITY OR OTHER POLITICAL SUBDIVISION OF THE STATE SHALL, UPON CONVICTION THEREFORE, BE PUNISHED BY A FINE OF NOT MORE THAN \$1000.00 OR BY IMPRISONMENT NOT FOR LESS THAN ONE NOR MORE THAN FIVE YEARS, OR BOTH 16-10-20.

SIGNATURE: \_\_\_\_\_ WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

FINAL BILL DATE: \_\_\_\_\_

BILL AMOUNT: \_\_\_\_\_

LAST KNOW ADDRESS: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

NOTES:

BILL RETURNED \_\_\_\_\_

**\* PLEASE INCLUDE A CLEAR COPY OF YOUR VALID DRIVERS LICENSE**

**\* FAX BACK TO 912-564-7407**

**\*EMAIL BACK TO: [bmandelik@planters.net](mailto:bmandelik@planters.net)**

**MAKE YOUR PAYMENT BY VISITING nCourt: [www.sylvaniatix.com](http://www.sylvaniatix.com)**

**Or use the toll free number 1(877) 685-4495**