



Georgetown Municipal Water and Sewer Service

For Office Use Only:

Deposit Amount: _____

Work Order No.: _____

Deposit Number: _____

Account No.: _____

Date of Deposit: _____

Effective Date: _____

Application for Rental Property

Applicant Name: _____ **Spouse/Other:** _____

of People in Household: _____ **Social Security #:** _____

Address to Be Served: _____

Apartment # _____ **City:** _____ **Zip:** _____

Address to Transfer Deposit From: _____

Phone # _____ **Alternate Phone #:** _____

Mailing Address (if different): _____

City: _____ **State:** _____ **Zip:** _____

Landlord Name: _____ **Landlord Phone #:** _____

As Applicant: I hereby agree to be legally responsible for any bills incurred for the service location above, while in my name.

Signature _____ **Date** _____

(If Applicable) **As Deposit Holder: I Request to Transfer Ownership of Deposit**

From: _____ **To:** _____

Signature: _____ **Date:** _____

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