



**McIntosh County Board of Commissioners**  
P O Box 584 ~ 1200 North Way ~ Darien, GA 31305  
**Water Department**  
**Utility Service Application**

Date \_\_\_\_\_

Service Location \_\_\_\_\_

Customer Name \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_ Phone# \_\_\_\_\_

Customer Name \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_ DL# \_\_\_\_\_ Phone# \_\_\_\_\_

Mailing Address \_\_\_\_\_

Request Type:      New Connection \_\_\_\_\_      Transfer \_\_\_\_\_      Real Estate Inspection \_\_\_\_\_

Transfer of Old Address \_\_\_\_\_

Do you own the property?    Yes    No      Are you renting/leasing the property?    Yes    No

Is the house number visible from the road?    Yes    No    (If NO, please correct immediately)

Will the property be used for Commercial or Industrial Purposes?    Yes    No

Is the property a:    House    Mobile Home    Apt/Condo    Commercial

*The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish the information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin and gender of individual applicants on the basis of visual observation or surname.*

\_\_\_ White, not Hispanic origin                      \_\_\_ Asian                      \_\_\_ Male  
\_\_\_ Black, not Hispanic origin                      \_\_\_ Native Hawaiian                      \_\_\_ Female  
\_\_\_ American Indian or Alaskan Native                      \_\_\_ Hispanic

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination should be sent to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272(voice) or (202) 720-6382(TDD).*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Account# \_\_\_\_\_ Deposit Amount Paid \_\_\_\_\_ Cash \_\_\_ Check \_\_\_

Meter Serial # \_\_\_\_\_ Meter Make \_\_\_\_\_