

**City of Rome Water and Sewer Billing & Collection Department
Application for Water and Sewer Service**

PLEASE PRINT

Full Name on Account _____

If Business Acct., Name of Person Signing _____

New Service Location _____ Account # _____

(Office Use)

Mailing Address _____

Social Security # _____ Federal I.D. # if Business _____

Date of Birth _____

Current Home Phone/Business Phone _____

Cell Phone/Email Address _____

Place of your Work _____

Work Telephone _____

Contact Person, Name & Telephone _____

(Must be someone who does not live with you)

Have You Had Water Service with us Before? _____ If yes, where? _____

Date You Want Service Started in Your Name _____

(You must report to Water Billing with this form, show your picture I.D., and pay your security deposit before the date you want new service to begin.)

Deposit _____

****The City of Rome is not responsible for any damage incurred at time of water connection due to open faucets or water lines****

Signature/Guarantor

Customer Service Representative

Date

Date

