



**CITY OF PORT LAVACA
SERVICE CONNECTION APPLICATION
RESIDENTIAL**

DATE: _____ ACCOUNT NUMBER _____

OWN: _____ RENT: _____ DATE OF INSPECTION: _____

CONTRACTOR: _____
☐ HOUSE ☐ MANUFACUTED HOME
☐ APARTMENT ☐ CONSTRUCTION DEPOSIT

APPLICANT _____

ADDRESS: _____

EMAIL ADDRESS: _____

REQUESTED START DATE: _____

DRIVER'S LICENSE _____ STATE: _____

SS#: _____ DOB: _____

HOME PHONE: _____ WORK PHONE: _____

SPOUSE / OTHER ADULT NAME: _____

DRIVER'S LICENSE _____ STATE: _____

SS#: _____ DOB: _____

HOME PHONE: _____ WORK PHONE: _____

PREVIOUS ADDRESS: _____

LANDLORD NAME: _____ PHONE: _____

ADDRESS: _____

I CERTIFY THAT UNDER PENALTIES OF PERJURY THE ABOVE INFORMATION IS TRUE AND CORRECT
TO THE BEST OF MY KNOWLEDGE

SIGNATURE

DATE