



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

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

DATE OF INSPECTION: \_\_\_\_\_

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

HOUSE

MANUFACTURED HOME

OWN: \_\_\_\_\_ RENT: \_\_\_\_\_

APARTMENT

CONSTRUCTION DEPOSIT

CONTRACTOR: \_\_\_\_\_

**APPLICANT NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

REQUESTED START DATE: \_\_\_\_\_

DRIVER LICENSE: \_\_\_\_\_

STATE: \_\_\_\_\_

SS#: \_\_\_\_\_

DOB: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**SPOUSE/ OTHER ADULT NAME:** \_\_\_\_\_

DRIVER 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: \_\_\_\_\_