

**Frankston Water Department**  
**Application for Water and Sewer Service**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ SPOUSE NAME \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_

TRASH SERVICE: ONE TRASH BIN \_\_\_\_\_ TWO TRASH BINS \_\_\_\_\_

SERVICE ADDRESS \_\_\_\_\_

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

HAVE YOU BEEN ON FRANKSTON WATER BEFORE? YES/NO

OWN OR RENT (CIRCLE ONE)

NAME OF LANDLORD IF RENTING \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME AND ADDRESS, PHONE NUMBER OF NEAREST RELATIVE OR FRIEND NOT

LIVING WITH YOU: \_\_\_\_\_

\_\_\_\_\_

**I HAVE RECEIVED A COPY OF REVISED ORDINANCE NUMBER 031417**

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SIGNATURE