

CITY OF MANNING



**LANDLORD STATEMENT
FOR CONNECTION OF UTILITY SERVICES**

PROPERTY ADDRESS: _____

NEW TENANT'S NAME: _____

DATE OCCUPIED: _____

PREVIOUS TENANT'S NAME: _____

DATE VACATED: _____

The new tenant residing at the aforementioned property has authorization to connect water/sewer/garbage services (if applicable) in his/her name while residing at this location.

Landlord Signature Date

Landlord Phone Number

INSTRUCTIONS FOR COMPLETING
LANDLORD STATEMENT FOR CONNECTION OF UTILITY SERVICES
FORM

ITEM 1: PROVIDE THE PROPERTY ADDRESS WHERE THE SERVICES WILL BE PROVIDED.

ITEM 2: PROVIDE THE NEW TENANT'S NAME.

ITEM 3: PROVIDE THE DATE THE NEW TENENTS OCCUPIED/WILL OCCUPY THIS LOCATION.

ITEM 4: PROVIDE THE PREVIOUS TENANT'S NAME.

ITEM 5: PROVIDE THE DATE THE PREVIOUS TENANT VACATED THIS LOCATION.

ITEM 6 & 7: SIGN AND DATE THIS FORM.

ITEM 8: PROVIDE YOUR (LANDLORD'S) TELEPHONE NUMBER.

- **THE FORM MUST BE FILLED OUT IN ITS ENTIRETY.**
- **THE SIGNED ORIGINAL FORM MUST BE RETURNED, ALONG WITH A COMPLETED CONNECT SERVICE REQUEST FORM TO
THE CITY OF MANNING
PO BOX 546
MANNING, SC 29102**