

ACCOUNT # _____
WORK ORDER # _____

CITY OF LOCUST GROVE

PO BOX 900, 3644 HWY 23/42
LOCUST GROVE, GA 30248
PHONE (770) 957-5043 FAX (866) 364-0996
APPLICATION FOR WATER/SEWER SERVICE

******PLEASE PRINT CLEARLY******

DATE _____

NAME _____

ADDRESS OF SERVICE _____

BILLING ADDRESS OF SERVICE _____

HOME PHONE# _____ CELL PHONE# _____

SOCIAL SECURITY OR TAX ID NUMBER _____

COPY OF PROOF OF PURCHASE ATTACHED: YES _____ NO _____

EMAIL ADDRESS _____

LIST NAMES OF ALL PEOPLE LIVING IN HOUSE _____

LANDLORD INFORMATION

NAME OF PROPERTY OWNER _____

ADDRESS _____

HOME PHONE# _____ WORK PHONE# _____

HAVE YOU EVER HAD WATER/SEWER SERVICE IN LOCUST GROVE? YES ___ NO ___

IF YES....SERVICE ADDRESS _____

PLACE OF EMPLOYMENT _____

ADDRESS _____

TELEPHONE# _____

NEAREST RELATIVE NOT LIVING WITH YOU

NAME _____

ADDRESS _____

TELEPHONE# _____

DEPOSIT INFORMATION

AMOUNT _____

DATE PAID _____

DATE OF SERVICE _____

REF (13.08.060) DAMAGE TO WATER WORKS PROHIBITED-VIOLATION-PENALTY _____

INITIALS

RELEASE OF LIABILITY:

BEFORE WE CAN TURN ON THE WATER PLEASE TURN OFF ALL WATER OUTLETS INCLUDING WASHER CONNECTIONS, REFRIGERATOR ICE MAKER AND WATER HEATER

INITIALS

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*** Bill is **due by the 15th** of the month and late fees will be assessed on the 16th. _____
INITIALS

*** If the balance is **not paid by 5 pm on the 19th** your **water service will be DISCONNECTED on the 20th** and a \$50.00 fee WILL BE ASSESSED. _____
INITIALS

*** Web payment fee **\$1.25** _____
INITIALS

*** Phone payment fee **\$2.50** _____
INITIALS

Acknowledgement on Billing Cycle - Connection

The billing cycle starts around the 24th of each month. If you establish service anytime before that date you will receive a bill the following month. _____
INITIALS

Acknowledgement on Billing Cycle - Disconnection

Billing cycle ends around the 24th of each month. If you cancel after that you WILL be billed another month for usage shown on your meter. _____
INITIALS

**PLEASE MAIL OR BRING IN THE FOLLOWING INFORMATION
TO CITY HALL WATER DEPARTMENT IN ORDER TO HAVE
WATER SERVICE CONNECTED IN YOUR NAME**

****** COPY OF PROOF OF PURCHASE OR RENTAL AGREEMENT. IF FOR
BANK OR REAL ESTATE COMPANY SEND IN THE LISTING OR
MANAGEMENT AGREEMENT**

****** NOTARIZED COPY OF DRIVERS LICENSE**

****** FILL OUT APPLICATION COMPLETELY**

****** READ AND INITIAL BOTTOM AND 2ND PAGE OF APPLICATION**

****** A \$200.00 DEPOSIT (CASH, CHECK OR MONEY ORDER)**

MAIL TO:

**PO BOX 900
LOCUST GROVE, GA 30248**

**IF OVERNIGHT:
UPS OR FEDEX**

**3644 HWY 42
LOCUST GROVE, GA 30248**