

CITY OF GARDEN CITY APPLICATION FOR SERVICES

APPLICANT'S NAME: _____

SOCIAL SECURITY NO:
or TAX ID NUMBER _____

Required: Copy of Picture ID (e.g., driver's license, non-driver's license, benefit card, identification card, military identification, passport) is required to establish or restore service per the Federal Trade Commission Red Flag Rule.

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE & ZIP: _____

PHONE NUMBER: HOME _____ CELL _____

EMPLOYER: _____

DO YOU OWN OR RENT? OWN RENT

TYPE OF SERVICE REQUIRED: RESIDENTIAL COMMERCIAL

STORM WATER WATER SEWER

GARBAGE PICK-UP FIRE PROTECTION

AMOUNT OF DEPOSIT: WATER & SEWER GARBAGE

AFFIDAVIT OF APPLICANT:

(1) I SWEAR THAT THE ABOVE INFORMATION IS CORRECT AND I ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL WATER BILLS FOR THE ABOVE ADDRESS BY THE DUE DATE AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING WATER SERVICE TO THE PROPERTY AS REQUIRED BY THE ORDINANCES OF THE CITY OF GARDEN CITY, GA. I UNDERSTAND THAT IF I DO NOT PAY ALL CURRENT CHARGES BY THE DUE DATE OF EACH MONTH OR FAILURE TO FOLLOW ALL ORDINANCES CONCERNING UTILITIES MY SERVICES WILL BE DISCONNECTED. I FURTHER AGREE THAT UPON DISCONNECTION OF SERVICES MY DEPOSIT WILL BE APPLIED TO MY FINAL BILL AND ANY BALANCE WILL BE REFUNDED TO ME.

(2) I ACKNOWLEDGE WATER SERVICE WILL BE TURNED ON AT THE ABOVE SERVICE ADDRESS ON THE DATE SCHEDULED. I HEREBY GIVE GARDEN CITY PERMISSION TO TURN ON WATER SERVICE AT THE ADDRESS WITHOUT ME PRESENCE. I WILL NOT HOLD THE CITY RESPONSIBLE FOR PROPERTY DAMAGE THAT MAY OCCUR IN MY ABSENCE DURING THE RESORATION OF MY WATER SRVICE. I WILL MAKE SURE THAT ALL OF MY FAUCETS ARE IN THE OFF POSITION AND THAT ALL DRAINS ARE FREE OF DEBRIS THAT CAN CAUSE FLOODING AND PROPERTY DAMAGE. IN THE EVENT THAT I FAIL TO TAKE THE AFOREMENTIONED PRECAUTIONS, I AGREE TO HOLD THE CITY, AS WELL AS ITS EMPLOYEES AND AGENTS, HARMLESS FOR ANY DAMAGES OR EXPENSES I MAY INCUR.

(3) IF MY WATER SERVICE IS EVER TURNED OFF, MY PRESENCE MAY BE REQUIRED BEFORE WATER SERVICE IS RE-ESTABLISHED IF THE READING OF MY METER SHOWS EVIDENCES OF ABOVE NORMAL WATER USAGE.

APPLICANT'S NAME (PRINTED)	APPLICANT'S SIGNATURE	SOCIAL SECURITY #	DATE

OWNER'S NAME (PRINTED)	OWNER'S SIGNATURE	DATE

OWNER'S ADDRESS _____

PASSWORD _____

SPECIAL INSTRUCTIONS:

CLERK _____