

Kevin Grissom
Mayor

Jenny Grant
City Clerk

Adam Ferrell
City Attorney

Chris Wright
Chief of Police

Bucky Goble
Fire Chief

Wallace Tomlinson
Supt. of Public Works

City of Blackshear

POST OFFICE BOX 268
318 TAYLOR STREET
BLACKSHEAR, GEORGIA 31516
PHONE (912)449-7000
FAX (912)449-7002
www.blackshearga.com

Members of Council:

Keith Brooks

Corey Lesseig

Timmy Sapp

Charles Broady

Sharon Komanecky

Linda Gail Dennison

Application for Residential Transfer of Services

Date _____

Applicant Name _____

Current Address _____ Close out date: _____

New Address _____ Turn on date: _____

Mailing Address _____

City _____ State _____ Zip _____

Email Address _____

Current Employer _____

Date of Birth _____ Social Security# _____

Driver's Lic # _____ State of Issue _____

Home Phone _____ Work Phone _____

Cell Phone _____ Local Phone _____

Nearest living relative who will not reside at the service address:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Office use:

Date: _____

Time of Transfer: _____ Deposit Date & Amount: _____

Comments on Account: _____

Signature of Employee: _____

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____ Own Property-Provide proof of ownership (warranty deed)

____ Rent Property-Have Landlord complete and sign rental section below

I certify that the above information is true and correct. The City of Blackshear is free to investigate and verify any and all information provided on this application and to obtain a credit report in connection with this Application for Residential Utility Service. I also acknowledge that misinformation contained on this application, late payment and/or nonpayment of any portion of a utility bill subjects the service to being discontinued without any notice. Failure to receive a bill does not alter the responsibility to pay the amount due and/or does not void penalties for late payment or cut-off.

Signature _____ Date _____
Customer

The undersigned has entered into a valid rental agreement with the applicant requiring the applicant to pay for utility services. If this form is not returned to the City of Blackshear, I am aware the billing will continue under the current customer's name.

Signature _____ Date _____
Landlord

Printed Name _____

Contact Number _____