## **City of Plains**

P.O. Box 190 · 101 W. Church St. · Plains, Ga. 31780

Phone: 229-824-5445 · FAX: 229-824-5262

clerk@plainsgeorgia.org plainsgeorgia.org

ACCOUNT IN	CCOUNT INFORMATION for Transferring Water Services in the City of Plains				
What type of account is your request concerning: Residential □ Commercial □					
CUSTOMER I	NFORMATION *	indicates required	l fields		
*Name:					
*Current Addres	ss:				
*New Address:					
*City, State Zip	M				
*Daytime phone	number:				
E-mail address:					
When do you w	ant current service ant new service con erring an existing de before service tran	nnected:	Ú	150 the difference will	
Will new servic now be in:	e be in same name	or will name chang	e, if changing w	hat name will service	
Signature		Date:			
For City Hall u	se only:				
Clerk's Int	Date C/O	Mtr Rdng	Acct#	Mtr#	
Mtr Rdng	Acct# V	Itr# (new acco	ount)		