

APPLICATION FOR WATER & GARBAGE SERVICES

Name (last, first): _____

Service Address:

Billing Address (if different):

Spouse/Roommate (including co-resident family members over 18 years of age):

Telephone: Home: _____
 Cell: _____
 Work: _____

Email: _____

Property is (select one): Owned _____ Rented _____

If Rented, Property owner/Landlord's Contact Information:

Name: _____
Address: _____

Phone Number: _____
Email: _____

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OFFICE USE ONLY

Account # _____ Service: _____ Residential _____ Business Prev. Balance Owed: _____

Amount of Deposit \$ _____ . _____ Date Paid _____ () Cash () Check () Credit Card 911 _____

I hereby affirm that I have read and understand the terms and conditions of this Agreement and I agree to abide by all rules and regulations herein.

Customer Signature

Date

Accepted by:

The Unified Government of
Cusseta-Chattahoochee County

Date

Title: _____