

APPLICATION FOR WATER & GARBAGE SERVICES

Picture ID Required & \$75.00 Deposit

Name _____

Spouse/Roommate _____

Social Security # _____ Telephone: Home _____

Spouse/Roommate's Social Security # _____ Work _____

Property Address _____

Billing Address _____

Own/Buying _____ Landlord _____

Renting _____ Phone# _____

List all household members over 18:

1. _____ 2. _____ 3. _____

All water bills are due and payable by the **10th** day of each month. If the bill is not paid by this date, an automatic 10% late charge will be added to the past due balance and the total bill amount becomes due the **15th** day of the month following the billing date. Applicant is responsible for all charges until applicant has requested service to be terminated in his/her name. If a past due amount is shown on the bill, the full amount due must be paid or **service will be discontinued without further notice**. Additional charges will apply for restoration of service and any other costs incurred in settling your account. **Failure to receive a bill does not entitle delayed payment**. There will be a \$25.00 charge for all checks returned due to insufficient funds or closed accounts. I understand, and hereby agree to the following: (1) **falsification of any of the above information may result in immediate disconnection of service without notice**; (2) failure to pay account in accordance with the Cusseta-Chattahoochee County policies 3) failure to pay final bill will result in account being submitted to collections - I will as a result, be responsible for all late charges and collection costs; (4) **no one living in my household has an outstanding balance owing Cusseta-Chattahoochee County**; and (5) water is temporarily connected until records have been verified and approved. (6) deposits are refunded on final bill.

Signature of Applicant(s) _____ Date _____

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"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

_____ White, not of Hispanic origin

_____ Hispanic

_____ Black, not of Hispanic origin

_____ Asian or Pacific Islander

_____ American Indian or Alaskan native

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, DC 20250.

OFFICE USE ONLY

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

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