

PLEASE MAIL OR BRING IN THE FOLLOWING
INFORMATION TO CITY HALL WATER DEPARTMENT
IN ORDER TO HAVE WATER SERVICE CONNECTED
IN YOUR NAME.

******COPY OF PURCHASE OR RENTAL AGREEMENT.
IF FOR BANK OR REAL ESTATE COMPANY SEND
LISTING AGREEMENT**

******NOTARIZED COPY OF DRIVERS LICENSE**

******FILL OUT APPLICATION COMPLETELY**

******READ AND INITIAL BOTTOM OF APPLICATION**

******A \$200.00 DEPOSIT (CASH, CHECK OR MONEY ORDER)**

MAIL TO:
P.O. BOX 900
LOCUST GROVE, GA 30248

IF OVERNIGHT:
3644 HWY 42
LOCUST GROVE, GA 30248

QUESTIONS CALL:
770-957-5043

CITY OF LOCUST GROVE

PO BOX 900, 3644 HWY 23/42
LOCUST GROVE, GA 30248
PHONE (770) 957-5043, FAX (770) 954-1223

APPLICATION FOR WATER/SEWER SERVICE

DATE _____

NAME _____

ADDRESS OF SERVICE _____

BILLING ADDRESS OF SERVICE _____

HOME PHONE# _____ CELL PHONE# _____

SOCIAL SECURITY OR TAX ID NUMBER _____

COPY OF PROOF OF PURCHASE ATTACHED: YES _____ NO _____

LIST NAMES OF ALL PEOPLE LIVING IN HOUSE _____

LANDLORD INFORMATION

NAME OF PROPERTY OWNER _____

ADDRESS _____

HOME PHONE# _____ WORK PHONE# _____

HAVE YOU EVER HAD WATER/SEWER SERVICE IN LOCUST GROVE? YES ___ NO ___

IF YES....SERVICE ADDRESS _____

PLACE OF EMPLOYMENT _____

ADDRESS _____

TELEPHONE# _____

NEAREST RELATIVE NOT LIVING WITH YOU

NAME _____

ADDRESS _____

TELEPHONE# _____

DEPOSIT INFORMATION

AMOUNT _____

DATE PAID _____

DATE OF SERVICE _____

REF (13.08.060) DAMAGE TO WATER WORKS PROHIBITED-VIOLATION-PENALTY _____

INITIALS

RELEASE OF LIABILITY:

BEFORE WE CAN TURN ON THE WATER PLEASE TURN OFF ALL WATER OUTLETS INCLUDING WASHER CONNECTIONS, REFRIGERATOR ICE MAKER AND WATER HEATER _____

INITIALS
