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 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___
ACCOUNT NAME_____
SERVICE ADDRESS_____

PLACE OF EMPLOYMENT_____
ADDRESS_____
TELEPHONE#_____

NEAREST RELATIVE NOT LIVING WITH YOU
NAME_____
ADDRESS_____
_____
TELEPHONE#_____

DEPOSIT INFORMATION
AMOUNT_____
DATE PAID_____
DATE OF SERVICE_____

WORK ORDER ISSUED_____
WORK ORDER NUMBER_____

****

REF (13.08.060) DAMAGE TO WATER WORKS PROHIBITED-VIOLATION-PENALTY
BEFORE WE CAN TURN ON THE WATER PLEASE TURN OFF ALL WATER OUTLETS INCLUDING WASHER CONNECTIONS AND REFRIGERATOR ICE MAKER

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INITIALS