

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**

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

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

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

******A \$150.00 DEPOSIT**

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

IN CASE OF EMERGENCY—CALL 911

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 _____

BEFORE WE CAN TURN ON THE WATER PLEASE TURN OFF ALL WATER OUTLETS INCLUDING WASHER/DRYER CONNECTIONS AND REFRIGERATOR ICE MAKER

INITIALS _____