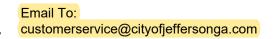


## CITY OF JEFFERSON PUBLIC WORKS DEPARTMENT



1048 Washington Street Jefferson, GA 30549

Phone: 706 367 5121 FAX: 706 367 5751

## **UTILITIES SERVICE APPLICATION & AGREEMENT / HOMEOWNER/RENTER**

	******SERVICE TO I	BEGIN ON	
Type of service being requested (check all that apply):			<u>Date</u>
Water:	Sewer		Garbage Collection:
		# Of Cans	# Of Recycle Bins
Agent:	Builder	Homeowner:	Rent:
Applicant Name:			
Social Security #:		Date of Birth:	
Driver's License #:		State:	_
Service Address:	(Street Address)	(City)	(State and Zip)
Mailing Address: (If different from above)			
Applicant's Mobile/Cell Number:	(Street Address)	(City)  FAX Number (Optional	(State and Zip)
E-mail address (optional)			
Additional Charges:			
Deposit:	<u>\$16</u>	50.00	_
Account Establishment Fee	s: <u>\$40</u>	0.00	_
Total Due:		00.00	_
(Sum of all Service and Co	nnection Fees, and Deposits)		
this application	(Applicant's Name) ha	ave read, fully understand, and agi	ree to the Conditions of Service attached to
this application. I also agree to pay in a time	ely manner any and all charges a	s they become due for the service	address above.
	_	·	
(Applicant's Signature		(Ente	ered by: Public Works Department Official)

(Verified by:)