



CITY OF DAHLONEGA
 465 Riley Road
 Dahlonega, Georgia 30533
 Phone: 706-482-2706 • Fax: 706-864-4837

SERVICE APPLICATION – RESIDENTIAL

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|-----------------------------------|--|--------------|--|
| APPLICANT NAME: (PLEASE PRINT) | | HOME PHONE # | |
| YOUR EMPLOYER: | | CELL PHONE # | |
| EMAIL ADDRESS: | | WORK PHONE # | |
| SPOUSE OR ROOMMATES NAME: | | TELEPHONE # | |
| SPOUSE OR ROOMMATES EMPLOYER: | | WORK PHONE # | |

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|---------------------------------|--------------------------------|--------------------------------------|------------------------------------|
| TYPE OF SERVICE REQUESTED: | WATER <input type="checkbox"/> | SEWER <input type="checkbox"/> | GARBAGE <input type="checkbox"/> |
| DATE FOR SERVICE TO BEGIN: | | | |
| SERVICE ADDRESS: | | | |
| MAILING ADDRESS (IF DIFFERENT): | | | |
| HOUSING INFO: | HOUSE <input type="checkbox"/> | MOBILE HOME <input type="checkbox"/> | APARTMENT <input type="checkbox"/> |
| OWNERSHIP STATUS: | RENT <input type="checkbox"/> | OWN <input type="checkbox"/> | |
| INSIDE CITY LIMITS: | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |

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|------------------------|--|---------|--|
| NEAREST RELATIVE NAME: | | PHONE # | |
| ADDRESS: | | | |
| LANDLORD'S NAME: | | PHONE # | |
| ADDRESS: | | | |

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|---------------------------------------------------------------|------------------------------|-----------------------------|
| HAVE YOU EVER HAD PREVIOUS SERVICE WITH THE CITY OF DAHLONEGA | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| IF YES, WHAT NAME WAS THE PRIOR ACCOUNT IN? | | |
| IF YES, LIST LOCATION OF PRIOR SERVICE: | | |

The above hereby applies for services from the City of Dahlonega subject to the following terms and conditions:

1. Applicant agrees to pay to the City of Dahlonega in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to comply with all of the City of Dahlonega rules and regulations (including future amendments,) applicable to such services.
3. Applicant agrees to pay water and sewer base charge, as set by the City Council when there is no water usage on account and also when account has been made inactive.
4. Applicant agrees that in connection with the services to be performed, the City shall not be liable for damages to the dwelling or to any property of the Applicant by reason of any action on the part of the City of Dahlonega, or their duly authorized officers, agents, servants or employees.
5. Applicant agrees that the water and sewer service to be rendered by the city is limited to use of only one (1) family dwelling house or commercial building without express written permission of the City of Dahlonega.
6. Applicant agrees not to tamper with the meter device in accordance with the City policy and ordinances.
7. Applicant agrees to immediately contact the employees of the City in connection with any service problems that might occur.
8. Applicant is aware that any water loss by leakage or otherwise on the premises served, will be the sole responsibility of said Applicant, without regard to ownership of property.
9. Applicant must pay Amount Due by the 10th of each month, or a 10% penalty will be assessed. If the Total Amount is not paid by the 20th of each month, a \$75.00 penalty will be assessed and water service will be disconnected without further notice.
10. Applicant agrees to accept garbage service if residence is inside city limits.
11. Applicant is solely responsible for payment of Amount Due, associated fees and penalties; and providing payment in one (1) transaction of cash, check, money order or credit card per billing cycle.

As stated above, I, _____ apply for service with the City of Dahlonega. I understand the terms and conditions which are part of this application and agree to be bound by such terms and conditions.

Signed: _____ Date: _____

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|--------------------|--|------------------------------------|--|----------------------|--|
| AMOUNT OF DEPOSIT: | | DEPOSIT RECEIVED FROM: | | RECEIPT #: | |
| SERVICE CHARGE: | | DEPOSIT TRANSFERRED FROM ACCOUNT # | | DEPOSIT RECEIVED BY: | |
| ACCOUNT NUMBER: | | METER SERIAL #: | | METER REGISTER #: | |
| INITIAL READING: | | DATE OF READING | | READ BY: | |
| WATER RATE CODE: | | SEWER RATE CODE: | | GARBAGE RATE CODE: | |