



CITY OF AUSTELL

2716 Broad Street • Austell, Georgia 30106 • (770) 944-4300

UTILITY SERVICE APPLICATION

APPLICATIONS WILL NOT BE ACCEPTED, OR WATER TURNED ON, WITHOUT THE FOLLOWING INFORMATION:

- \$75.00 deposit** – Deposit charge will be refunded if you can provide two letters of credit with a two year history from other utility companies within two weeks. If a deposit has been paid, your deposit will be returned at the end of twenty-four months, if no late or service charges have been applied to the account. Your request must be in writing.
- Picture identification** - This must be the person in which the account will be in. Two forms of identification are required.
- Rental or lease agreement** – If you do not own the property where service will be established, a copy of the rental or lease agreement must accompany this application. Proof of ownership will be required. A completed Landlord Agreement Application will also be required.

There must be someone present at the time the water is turned on. You will receive same day service until 2:00 PM.

APPLICANT NAME		
SERVICE ADDRESS		
MAILING ADDRESS (if different from above)		
CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()	CELLULAR TELEPHONE NUMBER ()	SOCIAL SECURITY NUMBER
DRIVERS LICENSE NUMBER		DATE OF BIRTH
HAVE YOU PREVIOUSLY HAD SERVICE WITH THE CITY OF AUSTELL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ADDRESS:		
APPLICANT EMPLOYER NAME		EMPLOYERS TELEPHONE NUMBER ()
SPOUSES NAME	SOCIAL SECURITY NUMBER	SPOUSES CELLULAR TELEPHONE NUMBER ()
SPOUSES EMPLOYER NAME		EMPLOYERS TELEPHONE NUMBER ()
NEAREST RELATIVE - NOT LIVING WITH YOU		
NAME	TELEPHONE NUMBER	RELATIONSHIP

All water bills are due and payable by the 15th of each month. If the bill is not paid by this date, an automatic 10% late charge will be added to the past due balance and the total bill amount becomes due the first day of the month following billing date. Applicant is responsible for all charges until applicant has requested service to be terminated in his/her name. If a past due amount is shown on the bill, the full amount due must be paid or service will be discontinued without further notice. Additional charges will apply for restoration of service and any other costs incurred in settling your account. Failure to receive a bill does not entitle delayed payment. There will be a \$25.00 charge for all checks returned due to insufficient funds or closed accounts.

I understand, and hereby agree to the following: (1) falsification of any of the above information may result in immediate disconnection of service without notice; (2) failure to pay account in accordance with the City of Austell's policies will result in disconnection of service; (3) failure to pay final bill will result in account being submitted to collections. I will, as a result, be responsible for all late charges, interest and collection costs, including reasonable attorney's fees; (4) no one living in my household has an outstanding balance owing the City of Austell; and (5) water is temporarily connected until records have been verified and approved.

SIGNATURE	DATE
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City of Opportunity. Moving Forward!

CITY OF AUSTELL

2716 Broad Street, SW • Austell, Georgia 30106
City Hall: (770) 944-4300 • Fax: (770) 944-2282

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APPLICATION FOR RESIDENTIAL SOLID WASTE AND RECYCLING SERVICES

IMPORTANT INFORMATION

Services are provided by the City of Austell and no other service providers are permitted. Applications will not be accepted, and solid waste or recycling services cannot begin, without a picture identification. This must be the person in which the account will be listed in. Two forms of identification are required.

SERVICES REQUESTED <input type="checkbox"/> Household Solid Waste <input type="checkbox"/> Recycling			ACCOUNT NUMBER - FOR OFFICE USE ONLY			
APPLICANT NAME		E-MAIL ADDRESS		SUBDIVISION		
SERVICE ADDRESS						
MAILING ADDRESS (if different from above)						
CITY		STATE		ZIP CODE		
TELEPHONE NUMBER		CELLULAR TELEPHONE NUMBER		SOCIAL SECURITY NUMBER		
DRIVERS LICENSE NUMBER		STATE ISSUED	EXPIRATION DATE	DATE OF BIRTH		
HAVE YOU PREVIOUSLY HAD SERVICE WITH THE CITY OF AUSTELL? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE LIST ADDRESS:						
APPLICANT EMPLOYER NAME			EMPLOYERS TELEPHONE NUMBER			
SPOUSES NAME		SOCIAL SECURITY NUMBER		SPOUSES CELLULAR TELEPHONE NUMBER		
SPOUSES EMPLOYER NAME			EMPLOYERS TELEPHONE NUMBER			
NEAREST RELATIVE – NOT LIVING WITH YOU						
NAME		TELEPHONE NUMBER		RELATIONSHIP		

By submitting this completed application, you hereby authorize and agree to the following terms and conditions:

- (a) I agree to pay for the services provided as prescribed per the City of Austell Code of Ordinances.
- (b) All accounts shall be paid by the due date; a late fee will be assessed for all payments made after that date. A service charge shall be assessed for all dishonored checks or dishonored credit card charges.
- (c) Any account that becomes three months in arrears shall have their service terminated. In order to reinstate the service, the property owner shall pay all past due balances prior to the service being re-established. An additional fee shall be assessed to collect any accumulated garbage.
- (d) If an account becomes delinquent for more than four months, the account will be turned over to the City of Austell's authorized collection agency.

SIGNATURE	DATE
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January 2015



DISCONNECT SERVICE NOTICE

ACCOUNT NUMBER: _____

NAME: _____

(PRINT)

SERVICE ADDRESS: _____

FORWARDING ADDRESS: _____

(PRINT)

LAST DAY OF SERVICE: _____

PHONE NUMBER: _____

CUSTOMER SIGNATURE: _____ DATE: _____

****PLEASE COMPLETE AND RETURN TO:** **CITY OF AUSTELL**
2716 BROAD STREET
AUSTELL, GA 30106
FAX: 770-944-2282
PHONE: 770-944-4300

FOR OFFICE USE ONLY

WORK ORDER NUMBER: _____

APPROVED BY: _____