

City of Waverly Hall
Application for Utility Services

Date: _____ (MM/DD/YY)

Applicants must present a valid form of identification before their application will be processed. The City of Waverly Hall reserves the right to refuse/disconnect service to any location not in compliance with the city's current occupancy standards. Any false statements on this application will constitute grounds for your service to be disconnected without notice. Bills paid after the 20th of the month will incur a late charge. The city reserves the right to disconnect service without notice for non-payment.

NAME ON ACCOUNT: _____ MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
Driver's License Number: _____ State: _____ Social Security Number _____ - _____ - _____	
RACE: White <input type="checkbox"/> , Black or African American, not of Hispanic or Latino Origin <input type="checkbox"/> , American Indian or Alaskan Native <input type="checkbox"/> , Native Hawaiian or Pacific Islander <input type="checkbox"/> , Other <input type="checkbox"/> _____ Note: this information is requested by the Federal Government in order to monitor compliance with Federal law prohibiting discrimination against applicants, you are not required to furnish this information, but are encouraged to do so. If the information is not given we are required to note the race/national origin of individual applicants based on visual observation or surname. This information will not be used to evaluate your application or discriminate against you in any way.	
MAILING ADDRESS: _____ _____	
DATE OF BIRTH: _____ (MM/DD/YY)	TELEPHONE # (Home) _____
EMPLOYED BY: _____	TELEPHONE # (WORK) _____
SPOUSE EMPLOYER: _____	TELEPHONE # (WORK) _____
ADDRESS OF SERVICE LOCATION: _____ Waverly Hall, GA 31831	
LIST ALL ADULTS AT RESIDENCE: _____	
PROPERTY OWNED <input type="checkbox"/> , RENTED <input type="checkbox"/> , LEASED <input type="checkbox"/> , LANDLORD NAME: _____	
HAVE YOU PREVIOUSLY HAD UTILITY SERVICE WITH THE CITY OF WAVERLY HALL Yes <input type="checkbox"/> No <input type="checkbox"/>	
PRIOR ACCOUNT NUMBER OR ADDRESS _____	BALANCE DUE: _____

Please Check All Information before Signing.

The city shall have the right to inspect any installation before utility service is introduced or at any later time and reserves the right to reject any facility not in compliance with applicable standards, codes and ordinances. It is unlawful for any person to, maliciously or with intent to injure or defraud, make any connection or reconnection with any city utility, or turn on/off, destroy, alter, or prevent the action of any valve, meter, or other instrument used to measure consumption of utilities. All purchased utility service on the premise of any customer shall be supplied exclusively by the city, and the customer shall not directly or indirectly sell, sublet, assign, or otherwise dispose of utility service or any part thereof. The city may refuse to connect or may discontinue utility service for the violation of any applicable codes, ordinances, regulations or laws with respect to utilities. Discontinuance of service shall in no way relieve the customer from their obligation to the city for payment of bills for utility services. All meters, service connections and other equipment furnished by the city shall be and remain the property of the city. The customer shall provide a space for and exercise proper care to protect the property of the city on their premises. In the event of loss or damage to city property arising from the neglect of the customer to care for the same, the cost of necessary repairs or replacement shall be paid by the customer. The city should be notified immediately should utility service be interrupted or unsatisfactory for any reason. The city shall use reasonable diligence to provide regular and uninterrupted utility service, but interruptions of service for any reason shall not cause the city to be liable for damages resulting from such interruption.

The information I have provided is true and correct to the best of my knowledge. I understand that I will be responsible for the payment when bills due of all bills for service at this location.

Signature of Applicant

Printed Name of Applicant/Officer of Business

Co-Sign

Social Security # or Federal Tax ID #

City Use Only Below This Line

RT. Code & Sequence _____ - _____ **Residential** **Commercial/Industrial**

Deposit Information: **Water** _____

Total Amount Paid: _____ **Date Paid:** _____ **Received By:** _____ **Note:** _____