CITY OF MILLEDGEVILLE WATER & SEWER DEPARTMENT
APPLICATION FOR SERVICE

Date of Application _____

NEW CONNECT: ( )Residential ($75) ( )Commercial ($125)

_____ ( )Owner ( )Tenant

Name (*Positive ID Required & Name on Lease Must Match if Residential)* **Please Indicate One**

Date Requested

_____-_____-_____ / ___-_____ / _____ _____

SS# (if residential) **OR** Tax ID# (if commercial) State License #

_____

Service Address *(Please include full name of street, apartment or suite #)*

_____

Mailing Address *(Please include complete address)*

(____)_____(____)_____(____)_____

Daytime Telephone **Home or Emergency Telephone** **Mobile Telephone**

_____(___)_____

E-Mail address **I would like to receive my bill electronically**

_____

Secondary Contact *(Please include name, relationship to you, address & telephone number)*

DISCONNECT:

_____

Name *(Positive ID Required)*

_____

Date Requested

Service address to disconnect

_____

Forwarding address *(required)* *(Please include complete mailing address & telephone number)*

The City of Milledgeville offers NEXT BUSINESS DAY SERVICE on all new services or transfers/disconnects of services.

The City of Milledgeville will transfer the deposit on an existing water service to another city service upon the payment of a $25 transfer fee and payment of any outstanding balances which are owed by the customer requesting the transfer. Balances do not transfer from one service to another.

One additional bill will accrue after the disconnect date. Since we bill one month in arrears, your existing deposit will apply to the final bill and a balance due bill or refund will be mailed to the forwarding address you provide.

_____

Customer Signature

YOUR SIGNATURE INDICATES ACCEPTANCE OF RESPONSIBILITY FOR THE WATER USAGE AT THIS LOCATION

PLEASE DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY

_____Turn On _____Turn Off _____Read Only ____Read & Transfer _____ Landlord

NEW ACCOUNT #_____PREVIOUS ACCOUNT # _____

COMMENTS _____

_____