

BANKS COUNTY - UTILITY SERVICE APPLICATION

150 Hudson Ridge Suite 5 Homer, Georgia 30547 (706) 677-2261

Form #: 50795

Applicant Name: Last, First, Middle Initial	SS# or Tax ID
	Driver's License #
Your Employer	Phone # (Work)
	Cell #
Spouse or Roommate's Name: Last, First, Middle Initial	Social Security #
Spouse or Roommate's Employer	Phone # (Work)
	Cell #

Type of Service Requested: Please Circle WATER SEWER	
NOTE: SERVICE ADDRESS MUST BE COMPLETE AND RESIDENCE MARKED APPROPRIATELY.	
Service Address: STREET & NO. REQUIRED	Phone # (Home)
CITY	
Mailing Address	Please Circle: Own / Rent
	Please Circle: House / Mobile Home
	Business / Poultry Houses

Emergency Contact Person (<i>Someone Not Listed Above</i>)	Phone #
Landlord's Name/Address	Phone #

Have you had previous service with BANKS COUNTY ?	Yes / No
What name was your prior account in?	

The above hereby applies for services from Banks County subject to the following terms and conditions:

1. Applicant agrees to pay Banks County in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to comply with all of Banks County rules and regulations applicable to such services. (see attached)
3. Applicant agrees to pay monthly water bills as provided by Banks County within 20 days with no penalty. Bills paid 21 through 25 days from bill date subject to 10% late charge. After 25 days, service will be discontinued.
4. Applicant agrees that in connection with the services to be performed, the County shall not be liable for damages to any property of the Applicant by reason of any action on the part of Banks County, or the State of Georgia, or their duly authorized officers, agents, servants, or employees.
5. Applicant agrees that the water service to be rendered by the County is limited to use of only one (1) family dwelling house or commercial building.
6. Applicant agrees not to tamper with the meter device in accordance with the County policies. Applicant agrees to immediately contact the employees of the County in connection with any service problems or leaks which might occur.

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

Signed _____
Date _____

Date Received:	Deposit Paid:	Receipt #
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