BANKS COUNTY - UTILITY SERVICE APPLICATION

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

Form #: 50795	C	, 0		
Applicant Name: Last, first, Middle Initial			SS# or Tax ID	
			Driver's License #	
Your Employer			Phone# (Work)	
			Cell#	
Spouse or Roommate's Nam	Social Security #			
Spouse or Roommate's Emplo	Phone# (Work)			
			Cell#	
Type of Service Requested: Pl	ease Select WATER	SE	WER	
NOTE: SERVICE ADDRES	SS MUST BE COMPLETE AND RESII	DENCE MARKED AP	PROPRIATELY.	
Service Address: STREET & N	Phone#			
CITY				
Mailing Address		Please Select:	Own Ren	t
		Please Select:	House	Mobile Home
			Business	Poultry House
				<u> </u>
Emergency Contact Person (Someone Not Listed Above)			Phone#	
Landlord's Name/Address			Phone#	
Have you had previous service What name was your prior a	-	Ves No		
The above hereby applies for	r services from Banks County subject to	o the following terms a	and conditions:	
I. Applicant agrees to pay	Banks County in accordance with the s	chedule of fees for ser	vices rendered at the	above address.
2. Applicant agrees to com	ply with all of Banks County rules and	regulations applicable	to such services. (see	e attached)
	monthly water bills as provided by Bar ll date subject to 10% late charge. Afte	•		Bills paid 21
property of the Applicar	connection with the services to be perfect by reason of any action on the part on the servants, or employees.			
5. Applicant agrees that the or commercial building.	e water service to be rendered by the Co	ounty is limited to use	of only one (1) family	y dwelling house
	tamper with the meter device in accord employees of the County in connection	•		•
As stated above, I, the terms and conditions wh	ich are a part of this application and ag	apply for service waree to be bound by su	ith Banks County. I u	understand ons.
	Signed			
	Date			
Date Received:	Deposit Paid:]	Receipt#	