

City of Barnesville

109 Forsyth Street
Barnesville, Georgia 30204
Phone: (770)358-0181
Fax: (770)358-0185

Office Hours:
Monday - Friday
8:00 A.M. to 4:30 P.M.

FOR OFFICE USE ONLY

Received by: _____ Work Order # _____
Deposit Required? Yes No
Deposit Amount \$ _____

Cycle #	Account #

APPLICATION FOR UTILITY SERVICE

RESIDENTIAL COMMERCIAL
 OWNER TENANT PROPERTY MGR

NAME OF APPLICANT: _____
First Middle Maiden Last

SERVICE ADDRESS: _____ OWN
Street Address (Please attach proof of ownership.)

BILLING ADDRESS: _____ RENT
Street Address (Please attach copy of lease agreement.)

City _____ State _____ Zip _____

City _____ State _____ Zip _____

SS#: _____ / _____ / _____ DRIVER'S LICENSE #: _____ (Please attach copy.)
DATE OF BIRTH: _____ PHONE #: _____

SERVICE(S) REQUESTED:

DATE SERVICE NEEDED _____ / _____ / _____ BY PROPERTY OWNER _____ TENANT _____

IF TENANT, PROPERTY OWNER'S NAME _____
PROPERTY OWNER'S ADDRESS _____
TELEPHONE # _____

INSIDE OUTSIDE
 Electric Water Sewer Garbage/Trash Security Lights Irrigation

HAVE YOU HAD SERVICE WITH THE CITY OF BARNESVILLE BEFORE? YES NO

PREVIOUS ADDRESS: _____

MARTIAL STATUS: _____
____ MARRIED SPOUSE'S NAME: _____ SS#: _____ / _____ / _____
____ SINGLE
____ DIVORCED

OTHER ADULTS IN HOUSEHOLD: _____

APPLICANT'S EMPLOYER: _____
ADDRESS: _____ PHONE #: () _____ - _____

SPOUSE'S EMPLOYER: _____
ADDRESS: _____ PHONE #: () _____ - _____

NEAREST RELATIVE (other than spouse): _____
ADDRESS: _____ RELATIONSHIP: _____

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 \$30.00 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 Barnesville'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 attorneys fees; (4) no one living in my household has an outstanding balance owing the City of Barnesville; and (5) services are temporarily connected until records have been verified and approved.

SIGNATURE _____ DATE _____