

City of Danielsville
Utility Service Application

P.O. BOX 339
DANIELSVILLE, GA 30633
PH: (706) 795-2189 FAX (888) 295-1935

Accout # _____ - _____ - _____

Residential Applicants Contact Information

Applicant						
LAST	FIRST	M.I.	DOB	DRIVERS LIC#	LICENSE STATE	
Contacts Info						
Home:		Work:		Mobile:		
Co-Applicant						
LAST	FIRST	M.I.	DOB	DRIVERS LIC#	LICENSE STATE	
Contacts Info						
Home:		Work:		Mobile:		
Mailing Address						
Street/P.O. Box				Apt/Unit #		
City		State			Zip	

Business Applicant's Contact Information

Business						
Business Name				F.I.D #		
Applicant						
LAST	FIRST	M.I.	DOB	DRIVERS LIC#	LICENSE STATE	
Mailing Address						
Street/P.O. Box				Apt/Unit #		
City		State			Zip	
Contacts Info						
Home:		Work:		Mobile:		

Emergency Contact Information

Contact 1			
LAST	FIRST	M.I.	RELATIONSHIP
Address			
Street/P.O. Box		Phone #	Apt/Unit #
City	State	Zip	Phone #

Contact 2			
LAST	FIRST	M.I.	RELATIONSHIP
Address			
Street/P.O. Box		Phone #	Apt/Unit #
City	State	Zip	Phone #

Service Location Details			
Address			
Street/P.O. Box			Apt/Unit #
			Inside <input type="checkbox"/> Outside <input type="checkbox"/>
City	State	Zip	Located Inside or Outside City Limits
Service Connection Date: ___/___/___		I am the Property Owner <input type="checkbox"/>	I am Renting the Property <input type="checkbox"/>
If renting please complete the following information and a "Danielsville Water Idemnification Agreement"			

Property Owner Info			
LAST	FIRST	M.I.	Phone #
Address			
Street/P.O. Box			Apt/Unit #
City	State	Zip	

Services to be Connected			
WATER <input type="checkbox"/>	SEWER <input type="checkbox"/>	GARBAGE <input type="checkbox"/> *Cart or Dumpster*	SERVLINE <input type="checkbox"/>

Enroll in Auto Draft		Enroll in E-Bill (Email Billing)	
Checking/Savings <input type="checkbox"/>	Credit/Debit Card <input type="checkbox"/>	Email: _____	Yes/No <input type="checkbox"/>

Required Deposit & Connection Fees			Payment Method		
Deposit	Connection Fee	Total Cost of Fees	Cash <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Check #: _____
\$100.00	\$75.00	\$175.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sign and Date			
Applicant Signature	_____/_____/_____ Date	Co-Applicant Signature	_____/_____/_____ Date

Please list all Eligible Registered Voters in the Household					
First	Last	DOB	First	Last	DOB
First	Last	DOB	First	Last	DOB
First	Last	DOB	First	Last	DOB
First	Last	DOB	First	Last	DOB

OFFICE USE ONLY	
Received By: _____	Date: _____

Service Performed By: _____

Date: _____

Current Meter Reading at time of Connection: _____

Type of Meter:

Manual Read

Radio Read

Copy of Applicants License

If trash is Chosen complete information below

Waste Pro Refused

Was Garbage Prorated in FMS: Yes / No

Percent of Proration _____ %

Email Sent Wastepro: Yes / No

Date: _____

****Attach Email to Application****

Signed up for Servline: Yes / Refused

NOTES:
