

City of Danielsville

Water Department

10 Government Circle, Danielsville Ga 30633 | (706) 795-2189 | Cityhall@cityofdanielsville.us

Welcome to the City of Danielsville!

We are pleased that you have chosen to make Danielsville your home. Our staff is available to assist your needs Monday – Friday from 8:00 am – 5:00 pm, closed daily 12-1pm for lunch, and our maintenance staff always has someone on call in case of emergencies.

You will need to complete a Utility Application and pay a deposit and a connect fee to set up your utility account. We offer water, sewer (where available), and garbage services. All bills are sent out on the last day of the month and are due on the 15th of the following month. A \$25 penalty for late fee will be assessed on the 16th day of each month for accounts with past due balances. Any accounts with a past due balance may be subject to disconnection. Service that has been disconnected for non-payment will require payment in full, and a \$75 re-connection fee before service is restored (note: if your service is disconnected for than once in a 12-month period the reconnect fee will be \$100). Payments may be made in person or by phone Monday – Friday during normal business hours or placed into the Drop Box at any time day or night. We accept cash, checks, money orders, or credit/debit cards at this time. Also, available for your convenience, is automated drafts from your checking, saving, or credit card accounts. Finally, in an attempt to save paper we now have paperless billing through your email account. Please inquire further for these services.

Garbage service is provided exclusively through Waste Pro and your service day is Monday of each week. It is your responsibility to pull your trash cart down to the curb for pickup. We encourage our citizens to pull the cart to the curb on Sunday night, since Waste Pro starts their routes early on Monday mornings. Please note that Waste Pro runs the route without interruption except for the following holidays: July 4th, Labor Day, Christmas Day, Thanksgiving Day, and New Year's Day. Your routine service day will only be interrupted, if any of these holidays fall on a Monday.

You may obtain information regarding our city or the current board members name and contact information by logging on to our website at www.cityofdanielsville.us. We appreciate this opportunity to serve your needs as a citizen of Danielsville. If you have any future questions or needs, please contact our office at 706-795-2189.

Sincerely,

Staff of the City of Danielsville

CITY OF DANIELSVILLE UTILITY SERVICE APPLICATION

10 Government Circle
DANIELSVILLE, GA 30633

RESIDENTIAL APPLICANT'S CONTACT INFORMATION:

NAME:						
	LAST	FIRST	M. I.	DOB	LICENSE# & STATE Issued	SOCIAL SECURITY#
SPOUSE/OTHER:						
	LAST	FIRST	M. I.	DOB	LICENSE# & STATE Issued	SOCIAL SECURITY#
MAILING ADDRESS:						
	STREET / P O BOX				APT/UNIT#	
YOUR CONTACT INFORMATION:	CITY		STATE		ZIP	
	HOME PHONE	MOBILE PHONE	WORK PHONE	EMAIL ADDRESS		
				<input type="checkbox"/> PLEASE ENROLL ME IN PAPERLESS BILLING		

BUSINESS APPLICANT'S CONTACT INFORMATION:

BUSINESS NAME:						
	BUSINESS NAME				F.I.D. #	
APPLICANTS NAME:						
	LAST	FIRST	M. I.	DOB	LICENSE STATE	SOCIAL SECURITY#
BUSINESS MAILING ADDRESS:						
	STREET / P O BOX				APT/UNIT#	
BUSINESS CONTACT INFORMATION:	CITY		STATE		ZIP	
	BUSINESS PHONE	MOBILE PHONE	FAX NUMBER	EMAIL ADDRESS		
				<input type="checkbox"/> PLEASE ENROLL ME IN PAPERLESS BILLING		

EMERGENCY CONTACT INFORMATION:

NAME:					
	LAST	FIRST	M.I.	RELATIONSHIP	
ADDRESS:					
	STREET			APT/UNIT#	
#1 EMERGENCY CONTACT'S INFORMATION:	CITY		STATE		ZIP
	HOME PHONE	MOBILE PHONE	WORK PHONE	EMAIL ADDRESS	

CONTACT'S
INFORMATIO
N:

HOME PHONE

MOBILE PHONE

WORK PHONE

EMAIL ADDRESS

SERVICE LOCATION DETAILS:

SERVICE
LOCATION
ADDRESS:

STREET

APT/UNIT#

☐ INSIDE ☐ OUTSIDE

CITY

STATE

ZIP

LOCATED INSIDE OR OUTSIDE CITY LIMITS

SERVICE CONNECTION DATE:

/ /

I am the property owner ☐

I am renting the property ☐

*See notes shown in the right
margin for additional instruction ...

If renting please complete the
following information.

NAME:
(Landlord/Property
Owner)

LAST

FIRST

M.I.

PHONE #

ADDRESS:

STREET

APT/UNIT#

CITY

STATE

ZIP

SERVICES TO BE CONNECTED:

☐ WATER

☐ SEWER

☐ GARBAGE

___ Enroll me in Serve line Leak Protect (\$2.45 per month)

___ Enroll me in Serve line Line Protect (\$6.60)

To enroll in auto-draft visit our website www.danielsvillega.com and follow the instructions.

☐ PLEASE ENROLL ME IN SMS TEXT MESSAGING AND SEND ME ALERTS OR OTHER IMPORTANT INFORMATION THE CITY FEELS I NEED TO KNOW

☐ PLEASE DO NOT ENROLL ME IN SMS TEXT MESSAGING AND SEND ME ALERTS OR OTHER IMPORTANT INFORMATION THE CITY FEELS I NEED TO KNOW

Applicant's Signature

Date

Co-Applicant's Signature

Date

REQUIRED DEPOSIT & CONNECTION FEES

	Deposit	Connection Fee	Total Cost of Fees	Payment Method
Homeowner	\$200.00	\$75.00	\$275.00	<input type="checkbox"/> Cash <input type="checkbox"/> Check# _____
Renter	\$250.00	\$75.00	\$325.00	<input type="checkbox"/> Credit Card

OFFICE USE ONLY

Utility Application was received by:

Office Staff Name

Title

Date

Service Connection was performed by:

Connection Date:

___ / ___ / ___

Reading at time of connection

INFORMATION FOR MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of loans related to water or sewer in order to monitor the utility provider's compliance with Civil Rights laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a utility provider may not discriminate on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this utility provider is required to note the information on the basis of visual observation or surname. If you do not wish to furnish the information, please

check the box below.

APPLICANT:

☐ I do not wish to provide this information

☐ Hispanic ☐ Non-Hispanic

☐ American Indian or ☐ Asian
Alaska Native

☐ Black or ☐ White
African American

☐ Native Hawaiian or ☐ Some Other
Pacific Islander Race

☐ Male ☐ Female

CO-APPLICANT:

☐ I do not wish to provide this information

Ethnicity:

☐ Hispanic ☐ Non-Hispanic

Race:

☐ American Indian or ☐ Asian
Alaska Native

☐ Black or ☐ White
African American

☐ Native Hawaiian or ☐ Some Other
Pacific Islander Race Sex:

☐ Male ☐ Female