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| **City of Danielsville****Utility Service Application** |
| P.O. BOX 339 |
| DANIELSVILLE, GA 30633 |
| PH: (706) 795-2189 | FAX (888) 295-1935 |
| Account: - -  |  |

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| **Residential Applicants Contact Information** |
| **Applicant** |
|  | **LAST** |  | **FIRST** | **M.I.** | **DOB** |  | **SOCIAL SECURITY #** |  |
| **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** |  |

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| **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:** |  |  |

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





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| **Service Location Details** |
| **Address** |
|  | **Street/P.O. Box** |  |  |  |  | **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 | **If renting please complete the following****information and a "Danielsville Water Indemnification Agreement"** |
|  |
| **Property Owner Info** |
|  |
| **LAST** |  |  | **FIRST** |  | **M.I.** |  | **Phone #** |  |
| **Address** |
|  | **Street/P.O. Box** |  |  |  |  | **Apt/Unit #** |  |  |
|  |
| **City** |  |  | **State** |  |  | **Zip** |  |  |
|  |
| **Services to be Connected** |
| **WATER** | **SEWER** |  | **GARBAGE** | **\*Cart or Dumpster\*** |  | **SERVLINE** |  |  |

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| **Enroll in Auto Draft** |  | **Enroll in E-Bill (Email Billing)** |  |
| **Checking/Savings Credit/Debit Card** | **Email:** | **Yes/No** |  |
|  |
| **Required Deposit & Connection Fees** |  | **Payment Method** |  |
| **Deposit Connection Total Cost****Fee of Fees****$100.00 $75.00 $175.00** |  | **Cash Credit Card Check #:** |  |

Sign and Date



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|  **/ / / /**  |
| **Applicant Signature Date Co-Applicant Signature Date** |

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| **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** |

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|  **Would you like to receive SMS text messages from the City of Danielsville Yes, send me No, do not send** **To notify you of alerts and/or helpful information? You can opt out at any time sms text messages sms text messages**  |

 **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: CO-APPLICANT:

[ ]  I do not wish to provide this information [ ]  I do not wish to provide this information

Ethnicity: Ethnicity:

[ ]  Hispanic [ ]  non-Hispanic [ ]  Hispanic [ ]  non-Hispanic

Race: Race:

[ ]  American Indian or [ ]  Asian [ ]  American Indian or [ ]  Asian

 Alaska Native Alaska Native

[ ]  Black or [ ]  White [ ]  Black or [ ]  White

 African American African American

[ ]  Native Hawaiian or [ ]  Some Other [ ]  Native Hawaiian or [ ]  Some Other

 Pacific Islander Race Pacific Islander Race

Sex: Sex:

[ ]  Male [ ]  Female [ ]  Male [ ]  Female

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| **OFFICE USE ONLY** |
| **Received By:****Service Performed By:** |  |  | **Date: 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: Signed up for Servline:** | **Yes / No****Yes / Refused**  | **Date:** |  | **\*\*Attach Email to Application\*\*** |
| NOTES: |
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