

# 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 

Cycle #	Account #
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Deposit Amount \$ \_\_\_\_\_

## APPLICATION FOR UTILITY SERVICE

RESIDENTIAL  COMMERCIAL  
 OWNER  TENANT  PROPERTY MGR

NAME OF APPLICANT: \_\_\_\_\_  
*First Middle Maiden Last*

SERVICE ADDRESS: \_\_\_\_\_  
*Street Address*  OWN  
*(Please attach proof of ownership.)*

BILLING ADDRESS: \_\_\_\_\_  
*Street Address*  RENT  
*(Please attach copy of lease agreement.)*

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 \_\_\_\_\_