

WORK ORDER # _____

LOCATION # _____

City of Grantville
Application for Utilities



Office Use

Deposit Amount: _____ Date Paid _____

INSIDE / OUTSIDE CITY LIMITS (circle one)

Trash Can @ Residence: Yes No

Date Utilities turned on: _____

Account Number: _____

Today's Date: _____

Amount of Deposit

100 GAS **200**

50 WATER **100**

100 ELECTRIC **200**

NAME: _____

DOB: _____ **SSN:** _____ **DRIVER'S LICENSE#** _____

NEW STREET ADDRESS: _____

Mailing Address (If DIFFERENT than your street address above): _____

Email Address: _____

Would you like to receive your monthly Utility Bill by Email Only: Yes No
(If you check YES, you will NOT receive a paper copy of the Utility Bill)

Place of Employment: _____ **Daytime Phone #:** _____

Emergency Contact Name: _____ **Emergency Phone #:** _____

CREDIT INFORMATION

The undersigned agrees that in consideration of the City of Grantville furnishing utilities; the undersigned will pay for all damages to utility meters on the above stated property, except for damages caused by the acts of God.

I, _____ do solemnly swear that neither I nor any person residing at the above residence in which I am applying for utilities owes the City of Grantville any past due utility service bills. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Grantville pursuant to O.C.G.A. 16-10-20

Signature: _____ **Date:** _____

Clerk's Signature: _____ **Date:** _____

***Copy of Picture ID and a Copy of Purchase Agreement/Lease Agreement to be attached.**