

WORK ORDER # _____

LOCATION # _____

City of Grantville
Application for Utilities



Today's Date: _____

Office Use	
Deposit Amount: _____	Date Paid _____
Credit Check \$15.00	Date Paid _____
INSIDE / OUTSIDE CITY LIMITS (circle one)	
Trash Can @ Residence: Yes No	
Date Utilities turned on: _____	
Account Number: _____	

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.

The undersigned understands that a credit report will be executed on the behalf of the applicant and agrees to allow the same to determine the amount of the deposit that will be required. (The credit report will be attached to the application for future references.)

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.**