WORK ORDER #	Office Use Deposit Amount:Date Paid
LOCATION #	Credit Check <u>\$15.00</u> Date Paid
City of Grantville Application for Utilities	INSIDE / OUTSIDE CITY LIMITS (circle one) Trash Can @ Residence: Yes No Date Utilities turned on: Account Number:
Today's Date:	
100 GAS 200 50 WATER 100 100 ELECTRIC 200	
NAME:	
DOB: SSN:	
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.