

CITY OF CORNELIA APPLICATION FOR UTILITY SERVICE
NOTE SERVICE ADDRESS MUST BE COMPLETE & RESIDENCE MARKED APPROPRIATELY

Applicant Name/Company Name _____ Social Security/Tax ID# _____

E-mail Address _____ Drivers License# _____

Employer Name/Address/Phone Number _____

“911” Service Address _____ Phone# _____

Mailing Address _____ Please Circle: Own or Rent

Landlord’s Name/Address/Phone Number _____

Date service is to be connected _____

Have you had previous service with the City of Cornelia? Yes/No

What name/address was your prior account in? _____

The above hereby applies for services with the City of Cornelia and agrees to the following terms and conditions:

1. Applicant agrees to pay the City of Cornelia in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to pay monthly water bills as provided by the City of Cornelia on the 15th of each month with no penalty. Bills paid after the 15th of the month will be subject to a 10% late charge and disconnection without further notice. A \$25 reconnection fee will be charged if service is disconnected for non-payment.
3. Applicant agrees that the water service to be rendered by the City is limited to use of only one (1) family dwelling house or commercial building.
4. Applicant agrees not to tamper with the meter device in accordance with the City policies and agrees to immediately contact the City in reference to any service problems or leaks which might occur.
5. Applicant agrees to contact the City with a forwarding address and will advise when they are ready to terminate service.

As stated above, I am applying for service with the City of Cornelia and I understand these terms and conditions are a part of this application and agree to be bound by such terms and conditions.

Applicant Signature _____ Date _____

Witness _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname. Please circle one of the following:

White, not of Hispanic origin Hispanic American Indian or Alaskan native

Black, not of Hispanic origin Asian or Pacific Islander

This is an Equal Opportunity Program; Discrimination is prohibited by Federal Law. Complaints of discrimination may be filled with the Secretary of Agriculture, Washington, DC 20250.

CITY USE ONLY

Account # _____ Meter Serial # _____

Amount Paid \$ _____ Deposit transferred from account # _____

Water Tap _____ Sewer Tap _____

