

CITY OF TOCCOA/TNG - SERVICE APPLICATION: RESIDENTIAL/BUSINESS

FORM #: 50795

Applicant Name: <small>(Last, First, Mid. Initial)</small>	Social Security #:
Business Name:	Driver's License #:
Your Employer:	Phone # (wk):
Spouse/Roommate's Name: <small>(Last, First, Mid. Initial)</small>	Social Security #:
Spouse/Roommate's Employer:	Phone # (wk):

Type of Service Requested:	WATER	GAS	SEWER
NOTE: SERVICE ADDRESS MUST BE COMPLETE & RESIDENCE MARKED APPROPRIATELY			
Service Address: <small>(Street & No. Required)</small>	Phone # (wk):		
<small>(City)</small>	Inside City Limits:	YES	NO
Mailing Address:	Choose One: OWN RENT		
	Choose One:	HOUSE	MOBILE HM APT.

Nearest Relative Name/Address:	Phone #
Landlord's Name/Address:	Phone #

Have you had previous service with the City of Toccoa?	YES	NO	
What name was your prior account in?			
Has City of Toccoa Business License been applied for?	YES	NO	NA <small>(outside City Limits)</small>

The above hereby applies for services from the City of Toccoa subject to the following terms and conditions:

1. Applicant agrees to pay to the City of Toccoa in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to comply with all of the City of Toccoa rules and regulations applicable to such services.
3. Applicant agrees to pay monthly utility bills as provided by the City of Toccoa within 25 days of the billing date. If there is no usage, applicant agrees to pay the minimum charge. Minimum gas charges will occur through the summer months. The City of Toccoa encourages pilot lights to remain on during the off-season.
4. Applicant agrees that in connection with the services to be performed, the City shall not be liable for damages to the dwelling or to any property of the Applicant by reason of any action on the part of the City of Toccoa, Stephens County or the State of Georgia, or their duly authorized officers, agents, servants or employees.
5. Applicant agrees that the water or gas service to be rendered by the City is limited to use of only one (1) family dwelling house or commercial building without express written permission.
6. Applicant agrees not to tamper with the meter device in accordance with the City policy and ordinances. Applicant agrees to immediately contact the employees of the City in connection with any service problems or leaks which might occur.

As stated above, I, _____ apply for service with the City of Toccoa. I understand the terms and conditions which are a part of this application and agree to be bound by such terms and conditions.

Signed _____ Date _____

Date Received:	Deposit Paid:	Receipt #
Amount of Deposit:	Deposit transferred from account #	

Water Meter #	Deposit Paid:	Date of Reading:
Water Meter Model/Make & Size:		Read by:

Gas Meter #	Deposit Paid:	Date of Reading:
Gas Meter Model/Make & Size:		Read by: