

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

Form #: 50795

Applicant Name: <small>Last, First, Middle Initial</small>	Driver's License #
Business Name:	Phone # (Work)
Your Employer:	Cell #
Spouse or Roommate's Name: <small>Last, First, Middle Initial</small>	Driver's License #
Spouse or Roommate's Employer:	Phone # (Work)

Type of Service Requested: Please Circle	Water	Gas	Sewer
<b>NOTE: SERVICE ADDRESS MUST BE COMPLETE AND RESIDENCE MARKED APPROPRIATELY.</b>			
Service Address: STREET & NO. REQUIRED		Phone # (Home)	
CITY	Inside City Limits: YES / NO		
Mailing Address:	Please Circle: Own / Rent		
	Please Circle: House / Mobile Home / 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 (Outside City Limits)

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 20 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.
7. The deposit collected is non-interest bearing. Deposits are applied to customer's account when it is terminated or at the customer's request, after twelve months of timely payments.

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 \_\_\_\_\_

**"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 this 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 the individual applicants on the basis of visual observation or surname".**

**ETHNICITY:** Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

**RACE:** White \_\_\_\_\_ Black or African American \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_

**GENDER:** Male \_\_\_\_\_ Female \_\_\_\_\_

**"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave., SW, Washington, DC 20250-9410".**