

Water/Wastewater Department  
 Municipal Building  
 P. O. Box 579  
 203 N. Alexander St.  
 Toccoa, GA 30577  
 (706) 886-8451



City of Toccoa

**WATER/SEWER TAP APPLICATION**

INSTRUCTIONS—**PLEASE READ!** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Complete Application and mail or bring to City Hall. When fees have been paid, tap will be scheduled and you will be contacted with other details. Mail or bring payment to Customer Service at City Hall. We will also respond to denied applications. It is a violation of City ordinance to tamper with a meter; this includes turning it on or off.

**PROPERTY OWNER'S NAME:** \_\_\_\_\_ **STREET ADDRESS** \_\_\_\_\_  
**MAILING ADDRESS** \_\_\_\_\_ **FOR TAP** \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
 CURRENT RESIDENT IF OTHER THAN OWNER \_\_\_\_\_  
 Legal Description of Property: Tax Map No. \_\_\_\_\_ Parcel No. \_\_\_\_\_ OR  
 Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_ in \_\_\_\_\_ County  
 OR Attach Copy of Deed or Plat to Application

**Service(s) Requested (Check all applicable):** ( ) WATER ( ) SEWER (Sewer Service is only available to Water Customers)

This application is made subject to the following terms and conditions, to-wit:

- The Undersigned, his successors and assigns, agrees:
- To pay to the City of Toccoa in accordance with the published schedule of fees for the installation of the tap and service, and to furnish without charge an easement for the right-of-way for any pipeline and appurtenances necessary for such installation and for maintenance and repair thereof.
- To comply with all rules, regulations and policies of the City of Toccoa Water/Wastewater Department and to pay the monthly Utility bills as provided by the City in accordance with its regulations.
- That the Utility service is limited to the use of only (1) one family dwelling house or commercial building.
- To save and hold free of all damages the City resulting from the installation of the tap or the use thereof by the undersigned.
- That in connection with the services to be performed, the City of Toccoa 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 authorities of the City of Toccoa, Stephens County, or of the State of Georgia, or their duly authorized officers, agents, or employees.
- That the City of Toccoa shall determine when and where tap and service is to be located
- To pay monthly bill for Utility from the time water or sewer tap installation is completed. If there is no usage, undersigned agrees to pay minimum bill, OR pay a one-time fee of \$50.00 to have service discontinued.
- To post Street number or Box number in a permanent, prominent location, such as on a mail box or posted on a section of angle iron.**
- To install cut-off valve immediately beyond water meter and to install backflow preventer in sewer service line.

ACCEPTED AND AGREED TO BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Signature of Property Owner*

OFFICE USE ONLY				
SERVICE	APPROVED (DATE)	DENIED (DATE)	REVIEWED BY	TAP FEE METER DEP. TOTAL
WATER	_____	_____	_____	_____
SEWER	_____	_____	_____	_____

FINAL APPROVAL: \_\_\_\_\_ UTILITIES DIRECTOR (or Designee) TOTAL AMOUNT DUE: \_\_\_\_\_

“The following information is requested by the Federal Government in order to monitor compliance with Federal law 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 individual applicants on the basis of visual observation or surname.”

Ethnicity: Hispanic or Latino \_\_\_\_\_ Gender: Male \_\_\_\_\_  
 Not Hispanic or Latino \_\_\_\_\_ Female \_\_\_\_\_

Race: (Mark one or more)  
 White \_\_\_\_\_  
 Black or African American \_\_\_\_\_  
 American Indian/Alaskan Native \_\_\_\_\_  
 Asian \_\_\_\_\_  
 Native Hawaiian or Other Pacific Islander \_\_\_\_\_

“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.”