



Toccoa City Hall  
 92 N. Alexander St.  
 P.O. Box 579  
 Toccoa, GA 30577  
 (706) 282-3311

Franklin North Carolina  
 Customer Service Center  
 291 Westgate Plaza  
 Franklin, NC 28734  
 (706) 746-3851  
 (828) 346-1222

**TAP APPLICATION**

Residential  Commercial  Industrial

**INSTRUCTIONS—PLEASE READ!** INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. Complete application and mail or bring to either of the locations listed above. Upon approval, you will be advised of the appropriate fees; if service is not available, you will also be advised. When fees have been paid, you will be contacted to coordinate tap installation.

PROPERTY OWNER'S NAME: \_\_\_\_\_

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____	SERVICE ADDRESS: _____ CITY _____ STATE _____ ZIP _____ INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO
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HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 CURRENT RESIDENT IF OTHER THAN OWNER \_\_\_\_\_

Legal Description of Property: E911 Address (list above) , in \_\_\_\_\_ County, **OR**  
 Tax Map No. \_\_\_\_\_ Parcel No. \_\_\_\_\_ in \_\_\_\_\_ County, **OR**  
 Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_ in \_\_\_\_\_ County, **OR**  
 Attach Copy of Deed or Plot to Application .

<b>Service Line Charge:</b>  First _____ feet \$0.00  Add'l _____ feet @ \$ _____ = _____	Tap Fee Calculation/ Natural Gas Appliance Usage: Tap Fee <input type="checkbox"/> \$250.00 <input type="checkbox"/> Furnace <input type="checkbox"/> Water Heater <input type="checkbox"/> Dryer <input type="checkbox"/> Range <input type="checkbox"/> Gas Logs <input type="checkbox"/> Light <input type="checkbox"/> Other _____	Other Acknowledgements:  Special provisions (See back of Application) Agreed: _____ Initials  Underground fuel line (see separate information sheet) Agreed: _____ Initials  Sales Tax Exemption (Attach Form) Attached: _____ Initials
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ACCEPTED AND AGREED TO BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature of Property Owner

<b>APPROVED</b>	<b>DENIED</b>	<b>FEES:</b>	<b>TNG USE</b>	<b>SERVICE LINE</b>	<b>TOTAL</b>
<input type="checkbox"/>	<input type="checkbox"/>		TAP		
			\$ _____	\$ _____	\$ _____
Total Load: _____ Btu		Reviewed By: _____			
Meter Outlet Pressure: _____ psi		Reason for Denial: _____			
FINAL APPROVAL _____			TOTAL AMOUNT DUE: \$ _____		
Title					

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

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino Gender:  Male  Female  
 Race:  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, 1400 Independence Ave., SW, Washington, DC 20250-9410.