



City of Tifton

P. O. Box 229 · Tifton, Georgia 31793
229/382-SERV · Fax 229/386-9694

APPLICATION FOR UTILITY SERVICE

ACCT# _____ DATE: _____

SERVICE ADDRESS: _____

PROPERTY OWNER'S NAME: _____

NAME: _____

MAILING ADDRESS: _____ PHONE: _____

CO-APPLICATION: _____ SS# _____

EMPLOYERS NAME & ADDRESS _____ PHONE: _____

TYPE OF SERVICE:

WATER: _____ DEPOSIT: \$ 50.00 _____

SEWER: _____ DEPOSIT: \$ 50.00 _____

GAS: _____ DEPOSIT: \$ 50.00 _____

COMMERCIAL ACCT _____ DEPOSIT: \$ _____

DEPOSIT TRANSFER: _____

CASH _____ CHECK NO. _____ TOTAL _____

REQUEST SERVICE DATE: _____

COLLECTION DAYS: M T W T F

I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES INCURRED AS OF SERVICE CONECTION DATE, AND IF I DO NOT RECEIVE A BILL WITHIN 6 WEEKS OF THIS DATE IT IS MY RESPONSIBILITY TO CONTACT THE CITY OF TIFTON BILLING DEPT. THERE IS A RECONNECTION FEE OF \$20.00 FOR WATER AND \$25.00 FOR GAS FOR ANY ACCOUNT THAT IS CUT OFF FOR NON PAYMENT. I AM READY FOR SERVICES TO BE TURNED ON AND I ASSUME ALL RISK OF WATER DAMAGE TO MY PROPERTY IN THE EVENT ANY OF MY FAUCETS ARE OPEN WHEN WATER SERVICE IS CUT ON.

APPLICANTS SIGNATURE

OFFICE USE ONLY

SERVICE TURN ON: _____

WATER METER # _____ PRIOR _____ READING _____

IRRIG. METER# _____ PRIOR _____ READING _____

GAS METER # _____ PRIOR _____ READING _____

UTILITY REP. _____ PRIOR _____ READING _____