



CITY OF TIFTON
P.O. Box 229 • Tifton, Georgia 31793
229/382-SERV

APPLICATION FOR UTILITY SERVICE

ACCT # \_\_\_\_\_ DATE \_\_\_\_\_

SERVICE ADDRESS : \_\_\_\_\_

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

NAME: \_\_\_\_\_ BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: (HOME/CELL) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

EMPLOYER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*\*\*\*\*

TYPE OF SERVICE

WATER: \_\_\_\_\_ DEPOSIT: \$50.00 \_\_\_\_\_

SEWER: \_\_\_\_\_ DEPOSIT: \$50.00 \_\_\_\_\_

GAS : \_\_\_\_\_ DEPOSIT: \$50.00 \_\_\_\_\_

SANITATION: \_\_\_\_\_ DEPOSIT: \$ \_\_\_\_\_

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 CONNECTION 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 \$50 DISCONNECTION FEE 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.

APPLICANT'S SIGNATURE

WOULD YOU LIKE TO BE CONTACTED BY THE TIFTON GREETING SERVICE? YES [ ] NO [ ]

\*\*\*\*\*

OFFICE USE ONLY

SERVICE TURN ON: \_\_\_\_\_

WATER METER NO. \_\_\_\_\_ PRIOR \_\_\_\_\_ READING \_\_\_\_\_

IRRIG. METER NO. \_\_\_\_\_ PRIOR \_\_\_\_\_ READING \_\_\_\_\_

GAS METER NO. \_\_\_\_\_ PRIOR \_\_\_\_\_ READING \_\_\_\_\_

UTILITY REP. \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_