

City of Garden City

Application For Services

Applicant's Name _____ Physical Address _____
Mailing Address _____ Do You Rent or Own
Employer _____ Applicant's Phone _____
Employer Address _____ Employer Phone _____
Type of Service Required: Residential _____ Commercial _____
Water _____ Sewer _____ Garbage Pick-Up _____
Amount of Deposit: Water and Sewer \$ _____ Garbage \$ _____

AFFIDAVIT OF APPLICANT:

I swear that the above information is correct, and I understand and agree to pay all bills by the due date as required by the ordinances of the city of Garden City, GA. **I understand that if I do not pay all current charges by the due date of each month my services will be disconnected.** I further agree that upon disconnection of services, my deposit will be applied to my final bill and any balance will be refunded to me.

Applicant's Name (Printed) Applicant's Signature Social Security # Date

Owner's Name (Printed) Owner's Signature Date

CLERK: _____ DATE: _____