



GARDEN CITY

Garden City Utilities Department
100 Central Avenue Garden City, GA 31405
Tel: (912) 966-7777 Fax: (912) 963-2735
utilitybilling@gardencity-ga.gov

Account Number
(For Office Use Only)

UTILITY SERVICES APPLICATION

Applicant: [] Property Owner [] Tenant [] Realtor
Type of Service: [] Residential Service [] Commercial Service

Name: _____ SSN or Tax ID: _____

Service Address: _____

Billing Address: _____
(If different from Service Address)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

I would like to receive bill by: [] Mail [] Emailed [] Email & Mail

Authorized Contact: _____
(Authorized to receive account information ONLY)

- (1) I SWEAR THAT THE ABOVE INFORMATION IS CORRECT AND I ACCEPT RESPONSIBILITY FOR PAYMENT OF ALL WATER BILLS FOR THE ABOVE ADDRESS BY THE DUE DATE AND AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING WATER SERVICE TO THE PROPERTY 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 OR FAILURE TO FOLLOW ALL ORDINANCES CONCERNING UTILITIES 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.
(2) I ACKNOWLEDGE WATER SERVICE WILL BE TURNED ON AT THE ABOVE SERVICE ADDRESS ON THE DATE SCHEDULED. I HEREBY GIVE GARDEN CITY PERMISSION TO TURN ON WATER SERVICE AT THE ADDRESS WITHOUT ME PRESENCE. I WILL NOT HOLD THE CITY RESPONSIBLE FOR PROPERTY DAMAGE THAT MAY OCCUR IN MY ABSENCE DURING THE RESORATION OF MY WATER SRVICE. I WILL MAKE SURE THAT ALL OF MY FAUCETS ARE IN THE OFF POSITION AND THAT ALL DRAINS ARE FREE OF DEBRIS THAT CAN CAUSE FLOODING AND PROPERTY DAMAGE. IN THE EVENT THAT I FAIL TO TAKE THE AFOREMENTIONED PRECAUTIONS, I AGREE TO HOLD THE CITY, AS WELL AS ITS EMPLOYEES AND AGENTS, HARMLESS FOR ANY DAMAGES OR EXPENSES I MAY INCUR.
(3) IF MY WATER SERVICE IS EVER TURNED OFF, MY PRESENCE MAY BE REQUIRED BEFORE WATER SERVICE IS RE-ESTABLISHED IF THE READING OF MY METER SHOWS EVIDENCES OF ABOVE NORMAL WATER USAGE.

Applicant Signature: _____ Date: _____

For Office Use Only
Amount of Deposit: _____ [] Cash [] Check or Money Order No. _____
Employee Signature: _____ Date: _____