

CITY OF ACWORTH POWER DEPARTMENT SERVICE APPLICATION

BILLING CYCLE:

ACCOUNT#	TYPE CUSTOMER	ORDER TYPE	SERVICE DATE	DATE TAKEN	CSR
SERVICE ADDRESS (Street Name, #, City, State, Zip)					
MAILING ADDRESS					
EMAIL ADDRESS (optional)				E-BILL YES / NO	
LAST NAME, FIRST NAME	S.S. NO./FED ID	D.O.B.		HOME OR CELL PHONE #	
REQUESTED BY	BUY/RENT*	MEDICAL EQUIP. REQUIREMENTS			
EMPLOYER NAME / WORK PHONE NUMBER					
MARITAL STATUS S M D W	SPOUSE NAME / PHONE# / AUTHORIZED USERS/SOCIAL SECURITY NUMBER				
*DO YOU OWN YES NO	IF NOT, OWNERS NAME & PHONE NO.				
ELECTRONIC PAYMENTS	PIN NUMBER	PREVIOUS ACWORTH CUSTOMER* YES NO			
*EMERGENCY CONTACT: (CLOSEST RELATIVE NOT LIVING WITH YOU)/RELATIONSHIP / PHONE #					
IF BUSINESS, LIST ONE OFFICER'S NAME AND SOCIAL SECURITY #					

FOR OFFICE USE ONLY:

ELECTRICAL DEP: _____
 GARBAGE DEP: _____
 TOTAL DEP. DUE: _____
 APPLICATION FEE: _____
 CREDIT CK FEE: _____
 SAME DAY FEE: _____
 TRANSFER FEE: _____

SIGNATURE: _____
 (If application made in person)

ADDITIONAL INFORMATION NEEDED FOR FILE:

CART NUMBER: _____ WORK ORDER NUMBER FOR CART: _____

PICK UP DAYS: _____