



Mailing Address:  
P.O. BOX 229  
TIFTON, GA 31793

**Utility Service Application**

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

**Applicant Information**

Customer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Property's Owner Name: \_\_\_\_\_  
 Business Name (Commercial Acct): \_\_\_\_\_

Service Address: \_\_\_\_\_  
Street Address Apartment/Unit #

Mailing Address: \_\_\_\_\_  
Mailing Address

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

**Type of Service**

Water: \_\_\_\_\_ Deposit: \$50.00 \_\_\_\_\_  
 Sewer: \_\_\_\_\_ Deposit: \$50.00 \_\_\_\_\_  
 Gas: \_\_\_\_\_ Deposit: \$50.00 \_\_\_\_\_  
 Sanitation: \_\_\_\_\_ Deposit: \_\_\_\_\_

Previous Balance \_\_\_\_\_ **TOTAL:** \_\_\_\_\_

**Request Service Date**

REQUEST SERVICE DATE: \_\_\_\_\_

**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 WHEN WATER SERVICE IS CUT ON.**

X

\_\_\_\_\_  
Customer Signature

**OFFICE USE ONLY**

Meter Tech Rep: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Service Turn On					
Water Meter #		PRIOR		READING	
Irrigation Meter #		PRIOR		READING	
Gas Meter #		PRIOR		READING	

Customer Service Rep: \_\_\_\_\_

NOTATED		SCANNED		LOGGED		GARBAGE CAN ORDER	
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