

**City of Clarkesville
Application for Service**

Applicant/Business Name:		Contact Person if Business:	
Social Security #/Tax ID #:		Driver's License #:	State:
Email Address:		Date of Birth:	
Employer Name/Phone #:			
Service Address:			
Mailing Address (if different):			
Phone 1:		Phone 2:	
Please Check: Own or Rent	Landlord's Name:		
Date Service is to be Connected:			
Have you had previous service with the City of Clarkesville? Yes or No			
Name and Address of Prior Account:			
Spouse/Roommate's Name:		Social Security #:	
Spouse/Roommate's Employer Name and Phone #:			
Phone 1:		Phone 2:	

Service Terms and Conditions

1. Bills are prepared once a month and are due and payable on the 15th of each month. A 10% late charge will be added to any unpaid balance after the 15th of each month.
2. After the 15th of the month, any bills with an unpaid balance are subject to disconnection and an administration fee of \$35 will be charged to each account that has been disconnected.
3. Any account that has been disconnected for non-payment must pay the full account balance in cash to have service restored. Any payments for disconnected accounts that are made past 4:00 PM will be reconnected the following business day.
4. Office hours are Monday through Friday from 8:00 AM to 5:00 PM. Payments after hours can be made in the night deposit box located in the drive-through area at the main entrance of City Hall.
5. Service may be refused to anyone who has defaulted on payment of any obligation to the City or has had service disconnected because of a violation of the rules and regulations of the City.

Deposit Information

All customers requesting service will pay a \$100 deposit fee.

This service deposit fee is refundable as outlined below:

- a. After all amounts due for 12 months have been promptly and timely paid with no delinquency, applicants may request that the deposit be applied to the account.
- b. If the request is not granted for the deposit to be applied after a 12-month good payment record, the final bill shall be taken from the deposit with any remaining balance to be paid by the applicant. Any overpayment of the balance will be refunded to the applicant, provided the City has been provided a forwarding address to send the deposit balance. Any deposit balance will be forfeited one year from the date of account termination.

As stated above, I am applying for service with the City of Clarkesville and I understand these terms and conditions are a part of this application and agree to be bound by such.

Applicant Signature:	Date:
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"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

<input type="checkbox"/> Caucasian	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian or Pacific Islander
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
<input type="checkbox"/> Asian	

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250"

City Use Only

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> Inside City Limits | <input type="checkbox"/> Water |
| <input type="checkbox"/> Business | <input type="checkbox"/> Outside City Limits | <input type="checkbox"/> Sewer |
| | | <input type="checkbox"/> Garbage (Inside City Only) |
- Account #: _____ Deposit Amount: _____ Date Paid: _____ Cash Check # _____ Pickup Day: _____

Notes: _____