



Utility Service Application

P.O Box 429 - Alma, GA 31510

Tel: (912) 632-5917 Fax: (912) 632-8365

Account # _____

Office Use:

Ref # _____

Date: _____

I. Applicant Name: _____

Maiden Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Date of Birth: _____ Social Security #: _____

Drivers License #: _____ State of Issue: _____

Current Employer: _____ Work Phone #: _____

Email Address: _____

II. Have you applied for Utility Services with the City of Alma in the past? Yes: _____ No: _____

III. Nearest Living Relative that will **NOT** reside at the service address:

Relative Name: _____ Phone #: _____

Relative Current Address: _____

City: _____ State: _____ Zip Code: _____

Relative Email Address: _____

I, _____ certify that the information

provided in this application is true and correct.

Utility Service Application

P.O Box 429 - Alma, GA 31510

Tel: (912) 632-5917 Fax: (912) 632-8365

_____ Own Property? - Provide proof of Ownership

_____ Rent Property? – Provide contact information for Landlord and copy of rental agreement.

IV. Rental Section:

Landlord Name: _____

Landlord Mailing Address: _____

Landlord Phone #: _____ Email: _____

Services Include: Water, Sewer, Garbage for residential homes and additional Fire line for Businesses.

V. Please Read and Initial Terms and Conditions:

_____ I certify that the above information is true and correct. The City of Alma is free to investigate and verify all information herein in connection with this application for Utility Service.

_____ I also acknowledge that misinformation contained herein, late payment or nonpayment of any portion of a utility bill subjects the service to be discontinued without any notice. Failure to receive a bill does not alter the responsibility to pay the amount due. An **ADDITIONAL RECONNECTION** fee in the amount of **\$40.00** will be added to bill to be paid in full before services will be restored.

_____ Applicants for utility service are required to complete and return this form in person. You are required to provide proper documents for identification purposes. **NO SERVICE WILL BE GIVEN WITHOUT PROPER PICTURE ID AND SUPPORTING DOCUMENTATION.**

_____ Water and Electrical Services **MUST** be in same name for service address, proof will be required.

_____ The minimum deposit required for a residential home account is **\$75.00**. The minimum deposit required for a commercial account is **\$125.00**. All amounts are payable at the time of application.

_____ Services disconnected for nonpayment will continue being billed the minimum amount for **30-Days**. To **stop** billing, a work order must be signed by the customer to close account. If payment is not received once service is cut-off, during the next billing cycle the account is placed on **final status** and deposit will be applied to bill, a new deposit is required for service.

_____ All Bills are due by the **10th of each month** after this date a **5% penalty** is added to total. Any bill over 60-days is subject to cut off that will include an additional reconnection fee of **\$40.00**.

Utility Service Application

P.O Box 429 - Alma, GA 31510

Tel: (912) 632-5917 Fax: (912) 632-8365

Required Documents:

- State issued Picture ID
- Current Electric Bill (with Service Address and Name)
- Renters: Rental Agreement from landlord
- Homeowners: Proof of ownership (tax bill, deed, or a print out from Bacon County Tax Accessors Office.)

NO SERVICE WILL BE GIVEN WITHOUT PROPER IDENTIFICATION AND REQUIRED DOCUMENTS.

VI. NOTICE:

The City of Alma Water Business Office **MUST** be notified **PRIOR** to excess water usage such as pool fill-ups and pressure washing home. Please call the Water Business Office at **(912) 632-5917**. Any leaks must provide proof of leak being fixed before a credit towards sewer can be given, credit to sewer will only occur 1-time after proof of leak being fixed has been verified.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

_____ VERIFIED/COPIED PICTURE ID.

_____ VERIFIED NAME/ADDRESS ON CURRENT ELECTRIC SERVICE.

_____ VERIFIED LANDLORD INFORMATION IF RENTAL.

_____ VERIFIED HOMEOWNERSHIP IF OWNER.