



City of Gainesville Public Utilities Department Residential Application

___ Check here for New Meter Purchase Meter Size _____
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757 Queen City Parkway ❖ Gainesville, GA 30501 ❖ Phone 770-535-6878 ❖ Fax 770-538-2414

A Legal Photo I.D. (such as a Driver's License, Government Issued I.D. or Passport) is required to establish service.

Deposit Amount 3/4" **Inside** \$ 155.00 or 3/4" **Outside** \$ 215.00 (Cash, Check, Visa or MasterCard)

A Deposit is required for all accounts before service will be connected. Deposit may be waived on account holders with no more than two penalties in a current year or with an Equifax Credit Score above 700. Additionally, the City of Gainesville is required to collect any outstanding debt of the customer applying for service. Please be aware of this requirement and the possibility of additional costs. Lease agreement papers may be required.

Service will be connected the **next business day** (weekends and holidays not included). Upon customer's request, same day service is available before 3 pm on Fridays and the day before city observed holidays. A connection fee of \$15.00 will be charged on your first bill. A disconnection fee of \$10.00 will be charged on your final bill. Customers must insure all inside plumbing is shut off. Any damage as a result of open faucets or leaks inside the building is the customer's responsibility. _____ Customers initials

Application must be filled out completed, accurately and legibly in order to establish service. Any applications faxed after 5pm will be processed the next business day. Customers who fax applications will receive a phone call if a deposit is needed.

Last Name: _____ **First Name:** _____ **Middle/Maiden:** _____

Date of Birth: _____ **Are you at least 18 years old?** Y N **Email** _____

SS#: _____ **Drivers License #:** _____ **State:** _____

Home Phone Number: _____ **Cell:** _____ **Work Number:** _____

Service Address: _____

Subdivision _____ **Lot#** _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address (If different): _____

City: _____ **State:** _____ **Zip:** _____

Spouse/Roommate: _____ **Date of Birth:** _____ **SS#:** _____

Drivers License#: _____ **State:** _____

Property Owners Name: _____ **Phone #:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Do you need to schedule service disconnect at your current location? Y N If so, when? _____

Four Digit Security Number
This number is for the protection of your information on your account. Only the person with this 4 digit number can access your account via phone.

Date you desire water service: _____

Automatic Draft saves you time and money. See Automatic Draft brochure for more information. (Bank Draft form and Cancelled Check required)

Only authorized personnel are allowed inside the meter box. If someone other than a city employee damages the meter box or its contents, the customer on record will be responsible.

In applying for service, I acknowledge that a credit report may be ordered to determine eligibility or deposit requirements and I verify that to the best of my knowledge the above information is correct.

Signature: _____ **Print Name:** _____

Date: _____

For office use only:

Existing Account # _____ (circle one) Active / Delete if Active S.O. # _____ **LOT#** _____

Transfer deposit to Account # _____ S.O. # _____ **In city limits? – Provide customer with Recycle info? Y N**

Previous Tenant's Account # _____ S.O. # _____ **Driver's License Verified by** _____

Collections: Please initial if you checked Cameo _____ Cameo Spreadsheet _____ Springbrook _____

Equifax Credit Score _____ **Date Checked** _____ **Comments:** _____