CITY OF CORNELIA APPLICATION FOR UTILITY SERVICE

NOTE: ALL INFORMATION ON APPLICATION MUST BE FILLED IN

Applicant name/Company Name	SSN#/Tax ID
Email Address	Driver's License#
Employer Name/Address/Phone	
911 Service address	
Mailing Address	Phone
Preferred Method of Contact: Phone Text Messaging	g 🗆 Email
Please Circle Own or Rent Landlord's Name/Phone	
Date service is to be connected	
Have you had previous service with the City of Corr	nelia? □Yes □No
What name/address was on your prior account?	
Check which service you are applying for:	
□ Residential water only	☐ Industrial water only
□ Residential water/sewer	☐ Industrial water/sewer
□ Commercial water only	☐ Irrigation/non-sewer
☐ Commercial water/sewer	
The above hereby applies for services with the City of Cor	rnelia and agrees to the following terms and conditions.
 above address Applicant agrees to pay monthly water bills as prono penalty. Bills paid after the 15th of the month water notice. A \$25 reconnection fee will be charally applicant agrees that the water service to be rendered welling house or commercial building. Applicant agrees not to tamper with the meter desimmediately contact the City in reference to any service. Applicant agrees to contact the city with a forwaterminate service. All water service requires a working backflow on a commercial, or industrial customers require an around submitted to the Utilities Specialist by email or design. 	dered by the City is limited to use of only one (1) family evice in accordance with the City policies and agrees to service problems or leaks which might occur. rding address and will advise when they are ready to the property owner's side of the meter. In the property owner's side of the meter. Test records must be propped of at City Hall.
Applicant Signature Witness	
Continued information on back	

you in any way. However, if you choose not to furnish it, we are required to note the race, national origin of individual applicants based on visual observation or surname. Please check one of the following.	
☐White, not of Hispanic origin	☐ Asian or Pacific Islander
☐Black, not of Hispanic origin	☐ American Indian or Alaskan native
□Hispanic	
This is an Equal Opportunity Program; Discrimination is prohibited by Federal Law. Complaints of discrimination may be filled with the Secretary of Agriculture, Washington, DC 20250.	
CITY USE ONLY	
Account#	
Meter Serial#	
Amount Paid \$	
Deposit transferred from account #	_
Water Tap	_
Sewer Tap	

The following information is requested by the Federal Government 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