



5047 Union Street Union City, GA 30291  
Phone: (770) 964-2288  
Fax: (770) 306-6861

APPLICATION FOR UTILITY SERVICE WATER/SEWER/GARBAGE

Date \_\_\_\_\_

Deposit Amount: **\$185.00**

ACCOUNT \_\_\_\_\_

Service Charge: **\$15.00**

**PART I - Owner/Tenant Information**

Name of Applicant(s) \_\_\_\_\_

Home Telephone \_\_\_\_\_

Address of service requested \_\_\_\_\_

Mailing address if different from service address \_\_\_\_\_

S/S # \_\_\_\_\_ Drivers License \_\_\_\_\_ D.O.B. \_\_\_\_\_

Current Employer \_\_\_\_\_ Employer's Telephone \_\_\_\_\_

**References must be immediate family members**

Name and Address	Telephone	Relation
_____	_____	_____
_____	_____	_____

A copy of the settlement statement and/or warranty deed (owner) or a copy of the lease agreement (tenant) and valid photo identification is required to establish an account with the City of Union City. The City of Union City may require proof of identity of each applicant and occupancy information sufficient to establish identity of the consumer of water and sewer services. In consideration for receiving water and sewer service from the City of Union City, at the above location, I hereby acknowledge responsibility for payment of service billings. There is a non-refundable administrative deposit, with amounts varying depending on the size of the meter and/or type of establishment at the service location. Water accounts are billed on a monthly basis and payment by the indicated due date is required to prevent interruption of service.

**In consideration for having water service initiated/restored at the above address, I agree to ensure that all water service facilities (sinks, tubs, faucets /inside and outside, etc.) are turned off or that someone will be on the property to check for leakage. I understand that the City of Union City is not responsible for water damage to this property or its contents.**

**CUSTOMER SIGNATURE** \_\_\_\_\_