

UTILITY DIVISION

5047 Union St. | Union City GA 30291 | Phone (770) 964-2288 | Fax (770) 306-6861 | Email: water@unioncityga.org

RESIDENTIAL APPLICATION FOR UTILITY SERVICE: WATER, SEWER, GARBAGE, STORMWATER

REQUIRED DOCUMENTATION: Copy of Photo ID and MUST provide a Forwarding Address! Please allow 45-60 days after accounts have closed for refund disbursements.

Please allow 45-6	0 days after accounts h	ave closed f	for refund di	sbursements.
Date of Intended Finalization:				
Account Number:				
Name:				
Service Address:		C't	54-4-	71
				Zip
Forwarding Address:		City	State	Zip
			State	Zip
Email:				
presented at City Hall in If you are moving or selli	d to final out accounts. The order to be processed. ng your property, you will be liable for any water use,	need to have	your service di	sconnected.
CUSTOMER SIGNATURE:			Date: _	
nal Read:	OFFICE US Meter Lockedyes _		Water Tech initia	is:
ate Received:	Date Completed:		Staff initials:	