

City of Hapeville

UTILITY ACCOUNT APPLICATION

(PICTURE I.D. REQUIRED - PLEASE COMPLETE APPLICATION IN FULL)
(Copy of Lease or Proof of Ownership Required)

(Check One) Residential: Commercial:
(Check One) Own: Rent:

Name: _____
(Please Print)

New Service Address: _____
(Please Print)

Mailing Address: _____
(Please Print)

Current Address: _____
(Street Address) (Apt#)

(City) (State) (Zip Code)

Home Phone: _____ Work Phone: _____

Email Address: _____

Place of Employment: _____

Social Security #: _____ Date of Birth: _____

Drivers License/ID# (copy of ID must be attached): _____

If renting, owner's information: _____
(Name) (Phone Number(s))

(Street Address) (City) (State) (Zip)

Nearest Relative (not living with you) _____
(Name) (Address/Phone Number)

By signing below, I understand that I am responsible for payment of all utility bills due to the City of Hapeville, and that I am responsible for notifying the City upon my moving and discontinuing service. If I fail to do so, I understand

that all bills and late fees accumulated are my responsibility. I hereby make application for Utility Services from the City of Hapeville. I do hereby swear or affirm that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just case for invalidation of this application and any action taken on this application. I understand the City of Hapeville reserves the right to enforce any and all ordinances regardless of payment of fees and further that it is my/our responsibility to conform with said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Hapeville pursuant to O.C.G.A. § 16-10-20.

Signature _____ Date _____

Date to Start New Service: _____

(You must be present, during service transfer - Service Dates are available Monday - Friday only.
Service dates are not available on Holidays)



Office Use Only

Account Number: _____ Deposit: \$ _____

Transfer Acct # _____ Check # _____ Cash _____

Administration Dept. Initials: _____ Date: _____