City of Hapeville

UTILITY ACCOUNT APPLICATION

REQUIRED DOCUMENTATION: Valid Government Issued ID and Copy of Lease or Proof of Ownership

	theck One: Residential ☐	Comm Rent [nercial □ □	
Name:				
	ss:			
Mailing Address (if	different from New Service)	:		
City		State		Zip Code
Previous A <mark>ddress (v</mark>	vithin Hapeville):			
Home P <mark>hone:</mark>		Cell Phone:	. 1	
Work Phone:		ane	evil	le
Place o <mark>f Employme</mark>	nt:	G	eorgia	
Date of Birth:	Soci	al Security Numb	er:	
Oriver's License/ID	Number and State:			
f renting, owner's i	nformation:			
	Name		Phone Number	
Street Address		City	State	Zip Code
Emergency Contact				
	Name	Relationship	Phone Number	•
Email Address:				
Please Check ONE:	I would like to receive			
\square a mailed utility b	ill only $\ \square$ a mailed and er	mailed utility bill	\square an emailed utility bi	ll only

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 Sta	rt New Service:
(You must	be present, during service transfer - Service Dates are available Monday - Friday only. Service dates are no
	available on Holidays)



Official Use Only					
Account Number:			-		
Transfer Account Number:			-		
Deposit Amount: \$			-		
Check Number:			-		
Check One: Cash	_Credit/Debit Card _		-		
Finance Department Initials:		Date:			