SERVICE APPLICATION

UTILITY SERVICES
837 Highway 76 W, Clayton, GA 30525
Phone (706) 782-4512 | Fax (706) 782-4596
utilitybilling@cityofclaytonga.gov

APPLICANT INFORMATION

Name: _____ SS#/Tax ID/EIN: _____

Phone: _____ Email: _____

Driver's License #: _____ State: _____ *Copy of ID is required with application*

Mailing Address: _____

Service Address: _____

Do you: □ Own □ Rent If rent, Landlord Name/Phone#: _____

Previous service with us? □ Yes □ No If yes, what name/address? _____

Commercial Only: Business Name/License #: _____

SERVICE(S) APPLYING FOR

□ Residential water only □ Commercial water only □ Garbage*
□ Residential water/sewer □ Commercial water/sewer

** Garbage service is only available to residential customers inside city limits. Pickup is Thursday starting at 6:30am and cost is $19.50 per month. These rates are subject to change at any time.*

FEE INFORMATION

	Refundable Deposit	Service Fee	Total
Residential:	$161.30	$38.70	$200.00
Commercial:	$200.00	$38.70	$238.70

INFORMATION REGARDING SERVICE

- All utility rates are subject to change
- All accounts are due on the 20th of each month
- A monthly Water & Sewer Authority surcharge for water tank maintenance is $2.00
- WWP, a form of insurance, will be charged to you each month in the amount of $1.80
- Homeowners are required to have a pressure reducer, check valve, and sewer backflow preventer
- Disconnection or name/address change of water service **MUST** be in writing. You can submit it by email: utilitybilling@cityofclaytonga.gov, fax: 706-782-4596, or in person: 837 Highway 76 West, Clayton, GA 30525

OTHER INFORMATION

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this 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 you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Gender: □ Female □ Male

Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino

Race: □ American Indian/Alaskan Native □ Black or African American □ Native Hawaiian or Pacific Islander
□ Asian □ Caucasian

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with U.S. Department of Agriculture, Director, Center for Civil Rights Enforcement, 1400 Independence Avenue, SW, Washington, DC 20250-9410.

Signature: _____ Date: _____