

COMMERCIAL UTILITY SERVICE

CITY OF WAYCROSS, GEORGIA

P. O. Drawer 99 – 417 Pendleton Street – Waycross, GA 31502-0099 Tele (912) 287-2900 – Fax (912) 287-2946 – www.waycrossga.com

APPLICATION FOR SERV	TCE	Date:
Business:		Legal Type:
Maiden Name:		Social Security #:
Service Address:		
Mailing Address:		
		Zip:
E-Mail Address:		
		Tax ID #:
Phone:		Fax:
Cell Phone:		Local Phone:
Name and Address of Owner / Corpora	ate Headquarters:	
Name:		
City:	State:	Zip:
Phone:		Date Building Last Occupied:
Have you applied for utility service in	the past? □Yes	□ No
all information herein and to obtain Service. I also acknowledge that mising	a credit report in conformation contained	City of Waycross is free to investigate and verify any and onnection with this Application for Commercial Utility herein, late payment or nonpayment of any portion of a ut any notice. Failure to receive a bill does not alter the
Customer Signature		Date
	Rental S	ection
		with the applicant requiring the applicant to pay for utility re the billing will continue under the current customer's
Landlord Signature		Date

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Instructions

Applicants are required to complete and return this form in person (applicant for service must bring in form). You will also need to provide your Social Security Card and Driver's License or some acceptable picture ID. NO SERVICE WILL BE GIVEN WITHOUT THE PROPER IDENTIFICATION AND SUPPORTING DOCUMENTATION.

The minimum deposit required for a renter is \$125.00. If you have a delinquent bill with the City of Waycross, your deposit will be \$200.00. You will also be required to pay the delinquent amount. The new service fee is \$15.00. All amounts are payable at the time of application.

Services disconnected for nonpayment will continue to be billed the minimum amounts. To discontinue billing, a work order must be signed by the customer to close the account.

Office Use
Under location inquiry, check to see if the service has been killed.
Check to see if "see code" is attached to the location address.
Look in location notes to see if there is any information pertaining to this location.
Check the services to make sure there is a meter there.
Certain locations using chemicals such as medical business require a backflow be installed; Contact water department.
Check the owner's and applicant's name for a delinquent bill. An additional deposit is required for renters with delinquent bills.
Determine if this application is filled out completely.
Copy customer's ID and social security card and attach to work order. (For partnerships and sole proprietors)
If the location has been vacant for over six months an inspection may be required; Contact Code Department.
Set up account and final the previous account if there is one.
Have customer sign the move-in work ticket.

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