1369 Fourth Avenue Auburn GA 30011 Phone: 770-963-4002 X200 Fax: 770-513-9255 www.CitvofAuburn-GA.Org



Commercial Water Application

0	office Use Only	
Account #:		
WO Date:		,
CSR (Initial):		
License:		
Lease/Deed:		

www.cityorAubum-GA.Org	Utility Application	Change in Ser						
Business Name:								
Service Address:								
	Street Address case or rental agreement. eed or settlement statement papers.		City	State	Zip Code			
Start Service:	Service: (Check all that apply)							
Stop Service: Date Date	Hydrant Meter \$25 Charge applies for Cuton and Cutoff of Service.							
\$1500 deposit required each time	a Hydrant Meter is issued	All forms submitted	require a valid STAT	E photo ID or	copy if Faxed.			
Hydrant Meter:	eter Name	Serial No.	Dandina		ota of Dandina			
IVI	eter ivaille	Seriai No.	Reading	, Б	ate of Reading			
Billing Address:	Street Address		City	State	Zip Code			
Federal Tax ID Number/ or SS	Occupational Tax Reg Number	Wor	k Phone	Fax	/ 2nd Phone			
	I	Policy						
		ed May 3, 2001						
A Penalty in the amount of 10% of the at Accounts with an unpaid balance after 4 charge is placed on the account. If water past due balances PLUS the Admin Fee at 4 If you request a re-read of your meter and Please contact Robertson Sanitation at 7 The City Clerk has the option of increase balance after one year if the account rem If payment is returned due to insufficient If the account has two payments that are in good standing for one year, the City of Any damage to the meter or components	:30 pm on the 25th day of the mon r is disconnected for non-payment, City Hall. d it is determined that an error occur 70-867-4367 to set up sanitation set ing the deposit should the utility actains in good standing. Your first b t funds, we will attempt to contact returned for insufficient funds, the of Auburn, will change the account	th are subject to disconservice will be reconnected in the reading, the ervice for inside and outcome delinquill may be just the base you at the phone number account will be placed to accept all forms of p	e re-read fee will be wantside the city limits. ent. Deposits are applierate if service is starte per listed on your account on a cash only basis.	aived. ed to the account d a few days be untand we will it	ment of ALL nt fore bills are posted inform you by mail.			
Person Completing this Application:								
Name:	SSN:							
Social Security Number	Driver License Number	State	Expiration Date		Date of Birth			
By signing below I acknowledge that I have I understand and agree to the above policies		-		have received a c	copy of the utility rate(Initial Please)			
Signed		Title]	Date			