

Town of Homer
P.O. Box 146
Homer, GA 30547
706-677-3510

APPLICATION: RESIDENTIAL SERVICE

Applicant Name: Last, First, Middle Initial	Driver's License Number & State
Your Employer:	Phone # (Work)
Spouse or Roommate's Name: Last, First, Middle Initial	
Spouse or Roommate's Employer:	Phone # (Work)

Type of Service Requested: Please Circle	WATER	GARBAGE
NOTE: SERVICE ADDRESS MUST BE COMPLETE AND RESIDENCE MARKED APPROPRIATELY		
Service Address: STREET & NO. REQUIRED	Phone # (Home)	
CITY	Phone # (Cell)	
Mailing Address:	Please Circle: Own / Rent	
	Please Circle: House / Mobile Home / Apt	

Nearest Relative Name/Address:	Phone #
Landlord's Name/Address:	Phone #

Have you had previous service with the Town of Homer?	Yes / No
What name was your prior account in?	

The above hereby applies for service from the Town of Homer subject to the following terms and conditions:

1. Applicant agrees to pay to the Town of Homer in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to comply with all of the Town of Homer rules and regulations applicable to such services.
3. Applicant agrees to pay monthly water bills as provided by the Town of Homer within 15 days with no penalty. Bills paid 16 through 39 days from bill date subject to 10% late charge. After 10 days, service will be discontinued. Re-connect fee \$50. After 3rd reconnect, a \$100 nonrefundable deposit will also be charged.
4. Applicant agrees that in connection with the services to be performed, the Town shall not be liable for damages to any property of the Applicant by reason of any action on the part of the Town of Homer or the State of Georgia, or their duly authorized officers, agent, servants, or employees.
5. Applicant agrees that the water service to be rendered by the Town of Homer is limited to use of only one (1) family dwelling house or commercial building.
6. Applicant agrees not to tamper with the meter device in accordance with the Town of Homer policies. Applicant agrees to immediately contact the employees of the Town of Homer in connection with any service problems or leaks which might occur.

As stated above, I, _____ apply for service with the Town of Homer. I understand the terms and conditions which are a part of this application and agree to be bound by such terms and conditions.

Initial Reading:
Date of Reading:

VERIFIED _____ DATE _____