

Town of Homer
P.O. Box 146
Homer, Georgia 30547
(706) 677-3510

UTILITY TAP APPLICATION

INSTRUCTIONS — **PLEASE READ!** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Complete Application, bring to Homer Water Department or mail to Town of Homer, P.O. Box 146, Homer, Georgia 30547. When fees have been paid, tap will be scheduled and you will be contacted with other details. It is a violation of City ordinance to tamper with a meter, this includes turning it on or off. It is also a violation to City ordinance to have private wells physically connected to the lines of the Town of Homer Water System.

PROPERTY OWNER'S NAME: _____

MAILING ADDRESS _____ STREET ADDRESS FOR TAP _____

CITY _____ STATE _____ ZIP _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CURRENT RESIDENT IF OTHER THAN OWNER _____

Service(s) Requested

This application is made subject to the following terms and conditons, to-wit:

The Undersigned, his successors and assigns, agrees:

1. to pay to Town of Homer in accordance with published schedule of fees for the installation of the tap and service, and to furnish without charge an easement for the right-of-way for any pipeline and appurtenances necessary for such installation and for maintenance and repair thereof.
2. to comply with all rules, regulations and policies of The Town of Homer Water Department and to pay the monthly Utility bills as provided by the Town in accordance with its regulations.
3. that the Utility service is limited to the use of only (1) one family dwelling house or commercial building.
4. to save and hold free of all damages the Town resulting from the installation of the tap or the use thereof by the undersigned.
5. that in connection with the services to be performed, Town of Homer shall not be liable for damages to the dwelling or to any duly authorized officers, agents, or employees.
6. that Town of Homer shall determine when and where tap and service is to be located.
7. to pay monthly bill for Utility from the time water tap is made, after 60 days if there is no usage, undersigned agrees to pay minimum bill.
8. to post Street number or Box number in a prominent location, visible from Street or Road.
9. and to install pressure reducer and cut off in service line.

ACCEPTED AND AGREED TO BY: _____ DATE _____
Signature of Property Owner

VERIFIED _____ DATE _____