

APPLICATION FOR SERVICES

PLEASE PRINT

NAME: _____

BILLING ADDRESS: _____

PROPERTY ADDRESS (9-1-1 ADDRESS): _____

HOME TELEPHONE: _____ MOBILE: _____

TYPE SERVICE REQUESTED: WATER _____ SEWER _____ GARBAGE _____ (INSIDE CITY LIMITS ONLY)

HAVE YOU EVER HAD WATER SERVICE WITH US BEFORE? Y _____ N _____

SIGNATURE OF APPLICANT

DATE

"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 THE 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."

____ WHITE, NOT OF HISPANIC ORIGIN ____ BLACK, NOT OF HISPANIC ORIGIN ____ HISPANIC
____ ASIAN OR PACIFIC ISLANDER ____ AMERICAN INDIAN OR ALASKAN NATIVE

"This institution is an equal opportunity provider and employer."

"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."

**WATER AND SEWER DEPOSIT CONTRACT
McCAYSVILLE WATER AND SEWER SERVICE**

ACCOUNT NO. _____ DATE _____

CUSTOMER NAME _____

CUSTOMER ADDRESS _____

PROPERTY ADDRESS _____

WATER DEPOSIT PAID _____ SEWER DEPOSIT _____

DATE METER TURNED ON _____ METER READING _____

RENTAL _____ RESIDENTIAL _____ COMMERCIAL _____ OTHER _____

**McCAYSVILLE WATER AND SEWER CONTRACT READS AS FOLLOWS
WATER AND / OR SEWER DEPOSIT AGREEMENT**

_____ I AGREE TO PAY A RESIDENTIAL WATER DEPOSIT IN THE AMOUNT OF **\$25.00**.

_____ I AGREE TO PAY A RESIDENTIAL SEWER DEPOSIT IN THE AMOUNT OF **\$25.00**.

_____ I AGREE TO PAY A RENTAL WATER DEPOSIT IN THE AMOUNT OF **\$150.00**.

_____ I AGREE TO PAY A RENTAL SEWER DEPOSIT IN THE AMOUNT OF **\$50.00**.

_____ I AGREE TO PAY A COMMERCIAL WATER DEPOSIT IN THE AMOUNT OF **\$50.00**.

_____ I AGREE TO PAY A COMMERCIAL SEWER DEPOSIT IN THE AMOUNT OF **\$50.00**.

THIS DEPOSIT WILL BE HELD AS A SECURITY UNTIL NOTICE IS GIVEN BY ME TO THE WATER SYSTEM FOR A TERMINATION AND UPON PAYMENT OF THE FINAL BILL FOR THIS LOCATION DEPOSIT WILL BE REFUNDED TO ME. IF PAYMENT IS NOT RECEIVED AND SERVICE IS DISCONTINUED FOR NON-PAYMENT, MY DEPOSIT MAY BE FORFEITED AND APPLIED TO MY BILL UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE.

I hereby make application to the McCaysville Water and Sewer Service of McCaysville, Georgia to be supplied with water and/or sewer agreeable to the rules and regulations of said water and sewer system, and to pay for it in accordance with the meter rates fixed and applicable.

I further agree that I will claim no damages occurring due to pressure or any damages on account of the stoppage of the flow of water resulting from accidents, or where necessary to make alterations, repairs or improvements.

I further agree to pay the full amount of water registered by the meter if a single, commercial or industrial user; and the full amount billed according to the special user, be it due to use, water, leakage or any other cause not traceable to the fault of the water system, by the tenth of each month, and for failure to pay the amount when due, I agree to pay a penalty charge of 10% of the amount due and for failure to pay the past due amount and penalty within 10 days after bill is due, I also agree that the water service may be discontinued without further notice by the Water System and a service charge of **\$50.00** to reinstate service when bill is paid in full.

DATE _____ SIGNATURE _____

DATE _____ SIGNATURE _____