

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

APPLICATION: RESIDENTIAL SERVICE

Form #: _____

Applicant Name: Last, First, Middle Initial		Driver's License#
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			
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 Town of Homer subject to the following terms and conditions:

1. Applicant agrees to pay to 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 Town of Homer rules and regulations applicable to such services.
3. Applicant agrees to pay monthly water bills as provided by Town of Homer within 15 days with no penalty. Bills paid 16 through 39 days from bill date subject to 10% late charge. After 20 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 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.

Water Meter #	Initial Reading:	Date of Reading:
Water Meter Model/Make & Size:		Read by:

VERIFIED _____ DATE _____