



Town of Mt. Airy
 P.O. Box 257
 869 Dicks Hill Parkway
 Mt. Airy, GA 30563
 Phone: (706)778-6990
 Fax: (706)776-3976

Service Application
Residential/Business

Applicant/Business Name:		SSN/Tax ID #:
Home Phone #:	Cell Phone #:	Driver's Lic #:
Your Employer:		Phone # (wk)
Spouse/Roommate's Name:		SSN:
Spouse/Roommate's Employer:		Phone # (wk)
Service Address: (Street & # Required)		
Inside City Limits: <input type="radio"/> Yes <input type="radio"/> No Choose One: <input type="radio"/> OWN (attach owner's affidavit) <input type="radio"/> RENT (attach rental agreement)		
Mailing Address:		
Nearest Relative Name/Address:		Phone #:
Landlord's Name/Address:		Phone #:

The above hereby applies for services from The Town of Mount Airy subject to the following term and conditions:

- Applicant agrees to pay to the Town of Mount Airy in accordance with the schedule of fees for services rendered at the above address.
- Applicant agrees to comply with all of the Town of Mount Airy rules and regulations applicable to such services.
- Applicant agrees to pay monthly utility bills as provided by the Town of Mount Airy upon receipt. If there is no usage, applicant agrees to pay the minimum charge.
- Applicant agrees that in connection with the services to be performed, the Town shall not be liable for damages to the dwelling or to any property of the Applicant by reason of any action on the part of the Town of Mount Airy, Habersham County or the State of Georgia, or their duly authorized officers, agents, servants of employees.
- Applicant agrees that the water service to be rendered by the Town is limited to use of only one (1) family dwelling house or commercial building without express written permission.
- Applicant agrees not to tamper with the meter device in accordance with the Town policy and ordinances.
- Applicant agrees to immediately contact the employees of the Town in connection with any service problems or leaks which might occur.

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

Applicant Signature: _____ 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.

Ethnicity: Hispanic or Latino White Black or African American American Indian Asian Other

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law, Complaints of Discrimination may be filed with: USDA, Director, Office of Civil Rights, Room 326 W. Whitten Bldg. 1400 Independence Ave., SW Washington, D C 20250

OFFICIAL USE:

Date Received:	Deposit Paid: \$	Admin Fee: (non-refundable) \$	Account #:
Water/Garbage/Fire____	Water Only____	Garbage/Fire Only____	