

**APPLICATION FOR TEMPORARY SERVICES
(NOT TO EXCEED 30 DAYS)
CITY OF STATHAM
P O BOX 28
STATHAM, GEORGIA 30666**

(PLEASE PRINT)

NAME: _____

CHECK ONE: OWN BUILDER PROPERTY MGT REALTOR

PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY OR FEDERAL TAX ID #: _____

PROPERTY ADDRESS: _____

BILLING ADDRESS: _____

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

I AGREE TO PAY FOR ALL WATER AND OTHER SERVICES USED. THERE WILL BE A MINIMUM CHARGE FOR UNDER 2000 GALLONS PER MONTH.

SIGNATURE OF APPLICANT: _____ DATE: _____

EFFECTIVE DATE: _____ ALLOW 2-3 BUSINESS DAYS FOR CUT-ON OR DISCONNECTION OF SERVICES.

NOTE: DISCONNECTION REQUEST MUST BE IN WRITING

"The following 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 make the race/national origin of individual applicants on the basis of visual observation or surname."

- | | | |
|---|---|--------------------------------------|
| 1. <input type="checkbox"/> White, not of Hispanic origin | 4. <input type="checkbox"/> Hispanic | 7. <input type="checkbox"/> Male |
| 2. <input type="checkbox"/> Black, not of Hispanic origin | 5. <input type="checkbox"/> Asian | 8. <input type="checkbox"/> Female |
| 3. <input type="checkbox"/> American Indian or Alaskan native | 6. <input type="checkbox"/> Native Hawaiian or Pacific Islander | 9. <input type="checkbox"/> Business |

"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, DC 20250-9410."

-----OFFICE USE ONLY-----

Account # _____ Service: Residential Business Other Work Order # _____

Other Information: _____

IDENTIFICATION: _____

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TERMS AND CONDITIONS

INITIAL

_____ I, as owner or agent, agree to pay, at the scheduled rates, until and unless notice in writing is given to the City of Statham that service is to be discontinued, for a period of time not to exceed 30 days.

_____ Unless otherwise agreed upon in writing, I shall be and remain responsible for all proper charges.

_____ A person may terminate service at any time by giving notice in writing to the City three (3) business days before the effective date of termination, and paying all amounts due for services up to the effective date of such notice. But in case notice is not given or the bills due for service are not paid, then he shall continue to be liable for water consumed and sewer service rendered thereafter, and for the minimum monthly rate in case no water is consumed or sewer service rendered, even though he may vacate the unit or it may be occupied by other parties who failed to make application for service and sign a contract. The City will not accept any notices as binding unless made in writing. **Persons who give notice either orally in person or by telephone do so at their own risk.**