



UTILITY SERVICE APPLICATION

200 Ridley Avenue
LaGrange, GA 30240-2726
706-883-2030 706-883-2041 fax
utilities@lagrange.net

Check if Applying for a Joint Account

Name of Applicant _____

Address You Are Moving To _____

Daytime Phone _____ Email Address _____

Cell Phone _____ Driver's License or ID _____ State _____

Current Employer (or write none) _____ / / _____
Birthday

- -

Social Security Number (or ITIN)

OWN RENT _____ / / _____
Date You Want Services ON

(Applicant must be home on this day or take responsibility for damage caused by open water/gas lines inside the building)

Mailing Address (if different) : _____

Address You Are Moving From: _____

_____ / / _____
Date you want services OFF

Other Adults at Location (or write none): _____

Landlord Name & Phone _____

TO BE COMPLETED BY CITY

Services Requested: E G W S R T

Date Completed: _____ CSR: _____

New Acct #: _____ Order #: _____

Landlord #: _____ Cust #: _____

Delinquency Risk: _____ % Deposit \$ _____

Prior Acct #: _____ Balance \$ _____

Prior Acct #: _____ Balance \$ _____

Category: Residential Commercial

Comments: _____

DEPOSIT – Residential and unincorporated commercial deposits are based your personal credit score provided by Online Utility Exchange. Corporate deposits are set by City Code at twice the estimated utility bill paid in advance by cash, surety bond, or letter of credit.

Commercial Applicant Information (check one):

Sole Proprietorship /Partnership Corporation

Home Office Address and Phone (if different): _____

Tax ID Number: _____

By submitting this application, Applicant acknowledges: 1. The above information is true and correct to the best of my knowledge (City Code Section 20-1-11 states that it is unlawful for any person to obtain utility service by deceitful means or artful practice which includes providing false information during the application process); 2. Applicant will pay all applicable utility charges and fees for service at the above location; 3. Any past due amounts from previous utility services will be paid prior to obtaining new utility services; 4. Penalties may be charged for late payment, and service will be discontinued for failure to pay all charges by the due date shown on monthly statements; 5. Residential sanitation charges are mandatory within the city limits regardless of actual use of this service except for vacant rental property in an approved Landlord's name; 6. If provided, the City may utilize my social security number or ITIN and other information to determine my credit score and verify employment for the purposes of determining my deposit and collecting unpaid amounts. Should I choose not to provide my social security number or ITIN, I understand that I will be charged the maximum deposit; 7. An unexpired picture ID issued by a State or federal government is required for identification purposes; 8. The City shall not be responsible for the transmission or use of utility services beyond the Applicant's meters.

APPLICANT SIGNATURE: _____ **DATE:** _____

Name of Co-Signer or Joint Applicant _____ Signature of Co-Signer _____

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Co-Signer Social Security No.

_____ / / _____
Birth Date of Co-Signer

By co-signing, you acknowledge you have read this notice and agree to pay the full amount of any debt owed on this utility account, which may include late fees and collection costs. The City may attempt to collect this debt from you without first trying to collect from the Applicant by filing suit, garnishing wages, adding this debt to your utility account(s), or other legal means.