# CITY OF LEXINGTON

**P. O. Box 35**
**LEXINGTON, GA 30648**
**706-743-3322**

## APPLICATION FOR WATER SERVICE

Name and Billing Address of person responsible for bill: Date _____

_____ Commercial _____ Residential _____

_____ New _____ Existing Service _____
(Check one)

_____

Telephone No: _____ **Email**:_____

Employer: _____

Date Water Service to begin:_____

Property Owner Name, Address and Telephone No: _____

_____

Physical Location of Property: _____

_____

**—THE CITY CANNOT FURNISH WATER UNTIL YOUR PROPERTY IS CLEARLY MARKED.**∂

**Deposit of $100.00 is due with Application.**

Tap On Fee of **$600.00** is required with new construction **INSIDE** city limits. Tap On Fee of **$2,200.00** is required with new construction **OUTSIDE** city limits. **** An additional fee of $750.00 is required when a bore is required.** A bore is necessary for a water line to be installed on the opposite side of the road from the City's line. The City **does not** trench or install water lines from the meter to your home/structure.

Bills are due by **the 20th of each month**. A late fee of 10% will be applied to any bill paid after the 20th of the month. **Accounts remaining unpaid by the 5th of the following month shall be subject to being disconnected**. Reinstatement fees after disconnection shall be $25.00 first occurrence, $50.00 second occurrence, $100.00 third and each occurrence thereafter. To avoid disconnection, all outstanding amounts for water service, including past due amounts, currently due amounts and late fees will have to be paid in full .

A $25.00 surcharge will be added to past due bills paid when Water Superintendent is on the property to turn off the water.

A $25.00 fee will be charged for all insufficient funds returned checks.

When necessary to terminate water service, *please give at least five (5) days notice prior to the desired date of discontinuance* of water service to the Water Superintendent.

City Hall 706-743-3322 Kim Bradford

City of Lexington Water Department Superintendent telephone # is Adam Boswell 706-224-1890

_____ Date _____
Signature of Applicant

For internal use only: Payment Received Amt: _____ Date: _____