

City of Sky Valley

Application for Utility Services



Service Location: _____

Begin Service: _____

☐ Own

☐ Rent/ Lease

Customer's Billing Information

Name: _____ Driver's License# _____

Mailing Address: _____

City, State & Zip: _____

Contact Phone: _____ Secondary Phone: _____

Email Address: _____ Secondary: _____

Employer: _____ Business Phone: _____

I am applying for utility service from the City of Sky Valley at the above address. I have received a copy of the City of Sky Valley Water Ordinance and agree to abide by all the rules for utility service as stated and to pay charges in effect as stated on each monthly bill.

I understand that nonpayment of my account for 60 days will result in discontinuation of service. A reconnection fee of \$100.00 shall be assessed for reconnecting water service when the service has been disconnected for nonpayment.

By providing my email address, I agree to receive electronic communications from the City of Sky Valley.

Signature: _____ Date: _____

Completed Applications may be emailed to: Deputyclerk@skyvalleyga.com