CITY OF WAYNESBORO

"THE BIRD DOG CAPITAL OF THE WORLD"

615 N Liberty Street • Waynesboro, GA 30830 • 706-554-8000 • www.waynesboroga.com

APPLICATION FOR UTILITY SERVICES

Name: _____
(Name as it appears on Identification. Driver's License or Picture ID & Social Security Card Required)

Social Security Number: _____ **Date of Birth**_____
(Must be 18 yrs or older)

Utility Service Address: _____

Billing Address: _____

Telephone # _____ □ **Owner** □ **Buying** □ **Renting**

Place of Employment _____ **Work #** _____

Service Requested: □ **Gas** □ **Water** □ **Sewer** □ **Other** _____
(Specify the service)

Would you like to sign up for Bank Draft? □ **Yes** □ **No** **If so, please complete the form on back.**

I _____**understand that I am responsible for terminating my utility services if move out or transfer locations.**

_____ _____
Signature of Applicant **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 this 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 the individual applicants on the basis of virtual observation or surname."

RACE: (Mark one or more.)

□ **White** □ **Black/African American** **ETHNICITY:** □ **Hispanic/Latino** □ **Not Hispanic/Latino**

□ **American Indian/Alaska Native** □ **Native Hawaiian/Other Pacific Islander**

GENDER: □ **Male** □ **Female**

"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** _____

Amount of Deposit: _____ **Date paid** _____ □ **Cash** □ **Check #** _____

Other Information: _____