

CITY OF HAMILTON
WATER/SEWER DEPARTMENT
PO BOX 112
HAMILTON, GEORGIA 31811
706-628-5321 FAX 706-628-9520
PATRICK WHEARLEY, MAYOR

NEW CUSTOMER WATER/SEWER SERVICE

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 BUILDING, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, D.C. 20250-9410.

HAVE YOU EVER HAD SERVICE WITH US BEFORE? ____ YES ____ NO

IF YES, WHEN? _____
YEAR AND ADDRESS

DATE: _____ DOB: _____

NAME/COMPANY: _____ SPOUSE NAME: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

EMPLOYED BY: _____
Name of company, and address

SPOUSE EMPLOYER: _____
Name of company, and address

HOME PHONE: _____ YOUR WORK NUMBER: _____

SPOUSE WORK NUMBER: _____ YOUR CELL PHONE NUMBER: _____

SPOUSE CELL PHONE: _____ DATE TO START SERVICE: _____

IF RENTING, OWNER: _____ PURCHASE/PRIOR OWNER: _____

SIGNATURE: _____

SPOUSE SIGNATURE: _____

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INITIAL METER READING: _____ BY: _____ DATE: _____

DEPOSIT: _____ WATER: _____ SEWER: _____

CHECK NUMBER _____ CASH _____ WEB _____

DEPOSIT REFUND AMOUNT _____ DATE _____

DEPOSIT AMOUNT APPLIED TO FINAL BILL _____ DATE _____

SERIAL # _____

METER # _____

SENT TO BADGER BEACON _____ YES DATE _____