

Phone: (770) 748-3220 Fax: (770) 748-8962

Email: vwright@cedartowngeorgia.gov*** ALL BILLS WILL BE SENT VIA EMAIL ***

Applications will not be accepted or water service turned on without the following:

1. Picture identification: Driver's license, state ID or passport
2. Rental/lease agreement or ownership paperwork. Note: rental/lease agreement must contain the landlords name, signature and telephone number.
3. Deposit: Homeowners - \$75 deposit & \$50 non-refundable service fee
Rental/Lease - \$100 deposit & \$50 non-refundable service fee

Transfer of deposit: \$50 fee

From address: _____ Date turn off: ____/____/____

Name: _____

Service

Address: _____

Business Name: _____

Date Service Requested: ____/____/____

Maiden Name: _____

Mailing Address (if different from above): _____

Telephone: (____) _____ - _____

Occupants Living in Household

Cell Phone: (____) _____ - _____

1. _____

Date of Birth: ____/____/____ SSN: _____

2. _____

3. _____

Have you previously had service with the City of Cedartown? ____YES ____NO

If YES, please list address(s): _____

Employer: _____ Telephone: (____) _____ - _____

Co-occupant: _____ SSN: _____

Employer: _____ Telephone: (____) _____ - _____

Emergency Contact (not living with you): _____

Relationship: _____ Telephone: (____) _____ - _____

Email Address for bills: _____

All water bills are due and payable by the **10th** of the month, if the bill is not paid by this date, an automatic 10% late charge will be added to the past due balance and the total bill amount becomes due before the 25th of the month following the billing date. Applicant is responsible for all charges until service is terminated. If a past due amount is shown on the bill, the full amount due must be paid or service will be discontinued without further notice. Additional charges and/or an additional deposit will apply for restoration of service and any other costs incurred in settling your account. Failure to receive a bill does not entitle delayed payment. There will be a \$30 charge for all checks returned. Service charges established by the City of Cedartown may be added to the customer's account to cover the costs of collection efforts.

I understand and hereby agree to the following: (1) falsification of any of the above information may result in the immediate disconnection of service without notice; (2) failure to pay account in accordance with the City of Cedartown's policies will result in the disconnection of service; (3) all water going through the meter is the customer's responsibility – if you have leak protection, a cost adjustment on the water/sewer portion of the bill up to \$750 upon submittal of repair receipt or plumber's bill and verification of repair; (4) failure to pay final bill will result in account being submitted to collections – I will as a result, be responsible for all charges and collection costs; (5) no one living in my household has an outstanding balance owing the City of Cedartown; (6) water is temporarily connected until records have been verified and approved.

Signature: _____ Date: ____/____/____

** Nine (9) days or less will be prorated **

*** Ten (10) days or more constitute a full billing period with no proration of any applicable rate ***

rev 12/24

UTILITY BILLING AND GARBAGE COLLECTION

NEW ACCOUNTS:

- In order to have service connected, customer must be present and provide a time they will be at the address.
- Customer must be at least 18 years of age. (If customer is younger, he/she must present proof of full-time job and parent/guardian will need to co-sign with customer.)
- In order to receive next day service, customer must fulfill the above requirements.

GARBAGE SERVICE

RESIDENTIAL: _____ POLYCARTS \$18.02 per cart, per month
of carts

COMMERCIAL: _____ POLYCARTS \$29.29 per cart, per month (Limit 2 polycarts)
of carts

COMMERCIAL _____ DUMPSTER PRICES VARY
SIZE

_____ # OF PICKUPS

LEAK PROTECTION POLICY

By signing below, I attest that I am the account holder and I am voluntarily choosing to

☐
Initials

ACCEPT

☐
Initials

CANCEL

The Leak Protection Policy offered by the City of Cedartown.

I understand that I am solely responsible for payment of all water/sewer bills for my account and if I choose to **CANCEL** leak protection that I am **NOT ELIGIBLE** for any leak adjustment(s) due to leak(s) that occur at my residence and/or business.

A copy of this letter will be maintained at the City of Cedartown. Should you wish to change this protection, you must complete another waiver.

Signature of Account Holder

Date

I would like to receive account notifications by:

☐

PHONE

☐

TEXT

*message & data rates may apply

By signing below, I acknowledge I have received a copy of the **Water Service Policy** and the **Leak Protection Policy**.

Signature of Account Holder

Date

Witness

Date

ITEMS REQUIRED

- ☐ Picture Identification (Driver's License, State ID, or Passport)
- ☐ Rental/lease agreement or verification of ownership
- **NOTE**** Rental/lease agreement **MUST** contain name, signature, and telephone number of landlord
- ☐ Deposit
 - \$75 - Homeowner Deposit
 - \$100 - Rental/Lease Deposit
 - \$50 - Non-Refundable Service Fee – All Accounts
 - Transfer of Service Fee - \$50

AUTOMATIC DRAFTS- Optional Service

- ☐ Applicant must request an automatic draft application
- ☐ Attach voided check to Utility Service Application
- ☐ Please anticipate a \$0.25 processing fee for automatic payments
- ☐ Insufficient funds will result in an \$30 returned check fee
- ☐ Drafts will be processed on the 3rd of each month

CITY OF CEDARTOWN POLICIES AND PROCEDURES

- ☐ All utility bills are sent via email. Please provide a valid email address on application
- ☐ Water bills are due by the 10th of each month. Failure to receive bill does not relieve responsibility of on-time payment
- ☐ A 10% charge will be added to all late payments received after the 10th
- ☐ A \$25 fee will be added to unpaid balances on the 25th of each month
- ☐ Applicants must opt-in to receive leak protection by initialing on page 3 of this application
- ☐ Changes to your account must be requested *in writing*
- ☐ *Service over 9 days will result in a full months bill.*

Acknowledgement of Applicant

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Applicant Signature____/____/____
Date**BILLING QUESTIONS??**

Please send any questions regarding your account to vwright@cedartowngeorgia.gov