

Town of Homer

P.O. Box 146

Homer, Ga 30547

706-677-3510

SERVICE APPLICATION**WELCOME TO HOMER!**

PAID \$ _____

DATE: _____

CASH* CARD*CHECK #

*** ACCT #**TYPE OF SERVICE REQUESTED: **PLEASE CIRCLE** RES. WATER / COMM. WATER / GARBAGE / WATER CASUALTY

APPLICANT NAME: _____ DRIVERS LICENSE # AND STATE _____

PHONE NO. _____ Email: _____

SPOUSE OR ROOMMATES NAME: _____ PHONE NO. _____

SERVICE ADDRESS: STREET & NO. REQUIRED _____

CITY, STATE & ZIP _____

MAILING ADDRESS (IF **DIFFERENT**) _____

YOUR EMPLOYER: _____ PHONE: _____ HOW LONG? _____

LANDLORD'S NAME: _____ PHONE : _____

Have you had previous service with the Town of Homer? YES / NO

What name was your previous account in? _____

The above applies for service from the Town of Homer subject to the following terms and conditions:

1. Applicant agrees to pay to the Town of Homer in accordance with the schedule of fees for services rendered at the above address.
2. Applicants agree to comply with all of the Town of Homer rules and regulations applicable to such services.
3. Applicants agree to pay monthly water bills as provided by the Town of Homer within 15 days with no penalty. Bills paid after the 16th are subject to a 10% late charge penalty. After 10 days (on the 25th) service will be discontinued. To restore water service, the account holder must pay all due water charges and penalties, and an additional \$100.00 reconnection fee. (Amount subject to change per Mayor and Councils discretion).
4. Applicant agrees that in connection with the services to be performed, the Town shall not be liable for damages to any property of the Applicant by reason of any action on the part of the Town of Homer or the State of Georgia, or their duly authorized officers, agents, servants or employees.
5. Applicant agrees that the water service to be rendered by the Town of Homer is limited to use of only one (1) family dwelling house or commercial building.
6. Applicants agree **NOT to tamper with the meter** device in accordance with the Town of Homer policies. Applicant agrees to immediately contact the employees of the Town of Homer in connection with any service problems or leaks with might occur.

As stated above, I, _____ apply for service with the Town of Homer. I understand the terms and conditions which are a part of this application and agree to be bound by such terms and conditions.

X _____ Date _____

******* OFFICE USE ONLY *******

Initial reading _____ Read by: _____ Date: _____

Waste Away emailed to request garbage can be delivered on _____

WCF OPTED OUT or IN

SERVICE START UP PROCESSED BY: _____ DATE _____