City of Mansfield

P.O. Box 35 3146 Hwy 11 S Mansfield, GA 30055

APPLICATION FOR NEW SERVICE

0	Electric	Water Tap:			
0	Water	Sewer Tap:			
0	Garbage				
0	Sewer				
0	Residential				
0	Commercial				
	DATE SERVICE IS TO BEGIN:				

DATE:	
ACCOUNT #:	
DEPOSIT \$:	
METER #:	

DEPOSIT REQUIRED:

A DEPOSIT PAYMENT IS DUE AT THE TIME NEW SERVICE IS ESTABLISHED, THE DEPOSIT AMOUNT VARIES BASED ON THE TYPE OF SERVICE AND SIZE OF METER PROVIDED.

REQUIREMENTS FOR NEW SERVICE: Please check all that are applicable.

() DO YOU OWN YOUR HOME? If yes, a copy of your settlement statement or deed must be attached.

() DO YOU RENT OR ARE YOU A MANAGEMENT COMPANY? If yes, a copy of the lease agreement must be attached.

() DID YOU TRANSFER FROM ANOTHER ADDRESS IN THE CITY OF MANSFIELD, GEORGIA? If yes, please provide previous address______

CUSTOMER NAME:				(PRINT)	
CO-APPLICANT'S NAME:				(PRINT)	
SERVICE ADDRESS:		ZIP CODE			
BILLING ADDRESS:	CITY, STATE, ZIP COE	DE	(If diff	ferent than service address)	
HOME PHONE: ()	CELL PHONE: ()		WORK PHONE: ()	
SSN/TAX ID#:	DRIVER'S LICENSE #:		BIRTHDATE:		
EMPLOYER NAME:					
EMPLOYER ADDRESS:	City/State	/Zip			
E-MAIL ADDRESS:					
EMAIL CONSENT: I HEREBY CONSENT TO RE ITS AFFILIATES AND THEIR AGENTS. INCLUE INCLUDING ANY DEBT COLLECTORS.	DING, WITHOUT LIMITATION, ACC	COUNT MANAGEMEN			
CO-APPLICANT SSN/TAX ID#:	DRIVER'S LICENSE #:		BIRTHDATE:		
CO-APPLICANT HOME PHONE: ()	CELL PHONE: ()	WORK: ()	
CO-APPLICANT EMPLOYER NAME:					
	City/State/Zip:				
SPECIAL NEEDS:					
LANDLORD/PROPERTY OWNER:					
ADDRESS.		PHONE: ()			

To aid the City of Mansfield, Georgia in the review and acceptance of this application, Applicant and Co-Applicant unconditionally agree to comply with all applicable ordinances, rules and regulations of same (as currently in force and as may be later amended), and to promptly pay for all electrical, garbage, water and wastewater services/treatment as applicable. This includes all service billings, and if applicable, late fees and other fees and charges as they may apply. If bills and charges are not paid when due, Applicant and Co-Applicant hereby consent to venue in Newton County, Georgia should the City of Mansfield, Georgia, be required to bring such action.

By providing the City of Mansfield, Georgia with Applicant's/Co-Applicant's cellular number, each hereby consents to receiving personal, auto dialed, and/or pre-recorded message calls to their cell phone(s) and to any other phone number(s) provided to the City of Mansfield, Georgia, it agents and affiliates, including, without limitation, any account management companies and independent contractors, including debt collectors.

OUR PAYMENT POLICY

PLEASE READ AMD ACKNOWLEDGE THAT YOU FULLY UNDERSTAND

- I/we understand that payment for utility services is due on the 10th of each month.
- I/we understand that payments received after the 10th are subject to a Late Fee charge.
- I/we understand that payment for past due balances, late charges and delinquent fees not received by the following month's due date will be disconnected. All past dues bills must be paid in full, along with a \$30 reconnection fee, before services can be restored.
- I/we understand that ALL unpaid balances will be turned over to collections.
- I/we agree to be responsible for any outstanding balances, collection fees, attorney's fees and/or court costs incurred due to non-payment of the above account.

APPLICANT SIGNATURE: ______ DATE: ______

CO-APPLICANT SIGNATURE	:
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DATE:

Return the following to the City of Mansfield, Georgia, 3146 Hwy 11 S, Mansfield, Georgia, 30055:

- Completed Application
- Copy of valid photo ID
- Copy of your settlement statement, deed or lease agreement
- Deposit in the form of cash, money order, or check