



UTILITY DIVISION

5047 Union St. | Union City GA 30291 | Phone (770) 964-2288 | Fax (770) 306-6861 | Email water@unioncityga.org

RESIDENTIAL APPLICATION FOR UTILITY SERVICE TRANSFER

REQUIRED DOCUMENTATION: Property Ownership (settlement statement and/or warranty deed)/**Rental Agreement.**

Name of Applicant _____

Social Security # _____ Driver's License# _____ D.O.B. _____

New Address: _____
City State Zip

Previous Address: _____
City State Zip

Mailing Address: _____
City State Zip

Home Phone: _____ Cell Phone: _____ Email: _____

Services Needed:

Trash Cart Recycle Bin Needed Cart existing on premises Additional Cart \$14.00

If service address is LEASED or RENTED, please complete this section. Copy of lease is REQUIRED. Name of Rental

Agency or Landlord: _____ Landlord Phone #: _____

The City of Union City may require proof of identity of each applicant and occupancy information sufficient to establish identity of the consumer of water and sewer services. In consideration for receiving water and sewer service from the City of Union City, at the above location, I hereby acknowledge responsibility for payment of service billings. There is a non-refundable administrative deposit, with amounts varying depending on the applicant's credit score and/or type of establishment at the service location. Water accounts are billed on a monthly basis and payment by the indicated due date is required to prevent interruption of service.

In consideration for having water service initiated/restored at the above address, I agree to ensure that all water service facilities (sinks, tubs, faucets/ inside and outside, etc.) are turned off, or that someone will be on the property to check for leakage. I understand that the City of Union City is not responsible for water damage to this property or its contents.

CUSTOMER SIGNATURE: _____ Date: _____

OFFICE USE ONLY:

Acct #: _____ Deposit Amount: _____ Old Acct. #: _____ Outstanding Fees: _____

New Account checklist:

Sanitation: _____ Occupational Tax Certificate: _____ Taxes: _____ Storm Water: _____

Turn On Date: _____ Notes: _____ Staff initials: _____ Date: _____