



UTILITY DIVISION

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

RESIDENTIAL APPLICATION FOR UTILITY SERVICE: WATER, SEWER, GARBAGE, STORMWATER

**REQUIRED DOCUMENTATION: Property Ownership** (settlement statement and/or warranty deed)/**Rental Agreement, Social Security Documentation and Valid Photo ID is required. All outstanding balances must be paid for previous utility accounts in your name. Deposit amount is based on your credit.**

Name of Applicant/  
Business \_\_\_\_\_

Social/ Tax ID: \_\_\_\_\_ Driver's License# \_\_\_\_\_ D.O.B. \_\_\_\_\_

Service Address: \_\_\_\_\_  
City State Zip

Mailing Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have you previously had utility service with the City of Union City?  Yes  No If yes, list the name and  
Address: \_\_\_\_\_

Services Needed:

- Trash Cart  Recycle Bin Needed  Cart existing on premises  Additional Cart \$14.00
- Temporary Service \$50 (plus any consumption over \$50.00) Service Date \_\_\_\_\_ Disconnect Date \_\_\_\_\_

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: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Outstanding Fees: \_\_\_\_\_

New Account checklist:

Sanitation: \_\_\_\_\_ Occupational Tax Certificate: \_\_\_\_\_ Taxes: \_\_\_\_\_ Storm Water: \_\_\_\_\_

Turn On Date: \_\_\_\_\_ Notes: \_\_\_\_\_ Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_