



UTILITY DIVISION

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

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

All outstanding balances must be paid for previous utility accounts in your name.

Name of Business _____ Tax ID: _____

Service Address: _____
City State Zip

Mailing Address: _____
City State Zip

Contact Name: _____ Contact Phone: _____

Contact Email: _____

Services Needed:

Plases circle size and pick-up frequency

Commercial Prices table with columns: Size, 1x Week, 2x Week, 3x Week, 4x Week, 5x Week, 6x Week. Rows: 2 Yard, 4 Yard, 6 Yard, 8 Yard.

Extra Pick up Charge is \$50

Front-End Load Recycling Dumpsters table with columns: Size, 1x Week, 2x Week, 3x Week, 4x Week, 5x Week, 6x Week. Row: 8 Yard.

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: _____
Sanitation: _____ Occupational Tax Certificate: _____ Taxes: _____ Storm Water: _____
Turn On Date: _____ Notes: _____ Staff initials: _____ Date: _____