

CITY OF HAMILTON  
WATER/SEWER DEPARTMENT  
PO BOX 112  
HAMILTON, GEORGIA 31811  
706-628-5321 FAX 706-628-9520  
PATRICK WHEARLEY, MAYOR

## NEW CUSTOMER WATER/SEWER SERVICE

THIS IS AN EQUAL OPPORTUNITY PROGRAM. DISCRIMINATION IS PROHIBITED BY FEDERAL LAW. COMPLAINTS OF DISCRIMINATION MAY BE FILED WITH USDA, DIRECTOR, OFFICE OF CIVIL RIGHTS, ROOM 326-W, WHITTEN BUILDING, 1400 INDEPENDENCE AVENUE, SW, WASHINGTON, D.C. 20250-9410.

HAVE YOU EVER HAD SERVICE WITH US BEFORE? \_\_\_ YES \_\_\_ NO

IF YES, WHEN? \_\_\_\_\_  
YEAR AND ADDRESS

DATE: \_\_\_\_\_ DOB: \_\_\_\_\_

NAME/COMPANY: \_\_\_\_\_ SPOUSE NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

EMPLOYED BY: \_\_\_\_\_  
Name of company, and address

SPOUSE EMPLOYER: \_\_\_\_\_  
Name of company, and address

HOME PHONE: \_\_\_\_\_ YOUR WORK NUMBER: \_\_\_\_\_

SPOUSE WORK NUMBER: \_\_\_\_\_ YOUR CELL PHONE NUMBER: \_\_\_\_\_

SPOUSE CELL PHONE: \_\_\_\_\_ DATE TO START SERVICE: \_\_\_\_\_

IF RENTING, OWNER: \_\_\_\_\_ PURCHASE/PRIOR OWNER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SPOUSE SIGNATURE: \_\_\_\_\_

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INITIAL METER READING: \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPOSIT: \_\_\_\_\_ WATER: \_\_\_\_\_ SEWER: \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ CASH \_\_\_\_\_ WEB \_\_\_\_\_

DEPOSIT REFUND AMOUNT \_\_\_\_\_ DATE \_\_\_\_\_

DEPOSIT AMOUNT APPLIED TO FINAL BILL \_\_\_\_\_ DATE \_\_\_\_\_

SERIAL # \_\_\_\_\_

METER # \_\_\_\_\_

SENT TO BADGER BEACON \_\_\_\_\_ YES DATE \_\_\_\_\_