



UTILITY SERVICES APPLICATION
Residential Sanitation Only
 2800 King Street, Smyrna, GA 30080
 (678) 631-5338 **Fax:** (770) 319-5334
Email: water@smyrnaga.gov

Account Number – For Office Use									

Applications will not be accepted or sanitation service started without the following information:

1. **Picture identification** – Driver’s license, state id, or passport

2. **Rental or lease agreement** – If you do not own the property where service will be established, a copy of the rental or lease agreement must accompany this application.
Owner’s Name: _____ **Telephone#:** _____

3. **\$50 deposit / \$25 service fee** Please bill me Payment enclosed
Please transfer deposit from: _____ **And stop service on:** _____

Please print
Name: _____

Date Service Requested (see sanitation schedule for pick up day - we work on next business day service M-F): _____

Service Address: _____

Mailing Address (If different from above): _____

Telephone#: _____ **Cell phone #:** _____

Date of Birth: _____ **SS#:** _____

Have you previously had service with the City of Smyrna? Yes _____ No _____

If Yes, please list address(es): _____

Employer: _____ **Telephone#:** _____

Co-occupant: _____ **SS#:** _____

Employer: _____ **Telephone#:** _____

Emergency Contact (Not living with you): _____

Relationship: _____ **Telephone#:** _____

All sanitation bills are due and payable the last working day of each month. If the bill is not paid by this date, an automatic 10% late charge will be added to the past due balance and the total bill amount becomes due the 20th day of the month following the billing date. Applicant is responsible for all charges until applicant has requested service to be terminated in his/her name. If a past due amount is shown on the bill, the full amount due must be paid or **service will be discontinued without further notice**. Additional charges will apply for restoration of service and any other costs incurred in settling your account. **Failure to receive a bill does not entitle delayed payment**. There will be a \$25.00 charge for all checks returned due to insufficient funds or closed accounts.

I understand, and hereby agree to the following: (1) falsification of any of the above information may result in immediate disconnection of service without notice; (2) failure to pay account in accordance with the City of Smyrna’s policies will result in discontinued service; (3) failure to pay final bill will result in account being submitted to collections - I will as a result, be responsible for all late charges and collection costs; (4) no one living in my household has an outstanding balance owing the City of Smyrna; and (5) service is temporarily established until records have been verified and approved.

Signature: _____ **Date:** _____

Please keep a copy of this completed application for your records.