



**UTILITY SERVICES APPLICATION**  
**Residential Water / Sewer / Sanitation**  
 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 water service turned on 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. **\$100 deposit / \$25 service fee**      **Payment Enclosed**      Please bill me

Please transfer deposit from: \_\_\_\_\_ **And turn off on:** \_\_\_\_\_

**Please print**

Name: \_\_\_\_\_

Date Service Requested (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 water 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 20<sup>th</sup> 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 disconnection of service; (3) all water going through the meter is the customer’s responsibility – any leaks that are repaired may be given a cost adjustment on the sewer portion of the bill upon submittal of repair receipt and verification of repair;(4) 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; (5) no one living in my household has an outstanding balance owing the City of Smyrna; and (6) water is temporarily connected until records have been verified and approved. (7) deposits are refunded on final bill.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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