



CITY OF HIAWASSEE
Utility Application Water/Sewer Services

Account Information

Name:	Name (Secondary):
Service Address:	Mailing Address (if different from service address):
Drivers License Number:	Drivers License Number (Secondary):
Telephone Numbers:	Telephone Numbers (Secondary):
Work:	Work:
Home:	Home:
Cell:	Cell:
Email:	Email:

Service Information

Service Requested: Water <input type="checkbox"/> Sewer <input type="checkbox"/>	Location (City Limits): Inside <input type="checkbox"/> Outside <input type="checkbox"/>
Residential	
Type of Occupancy: Rent <input type="checkbox"/> Own <input type="checkbox"/>	Type of Business:
	Number of Employees:

The following information is requested by the federal government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surnames.

Ethnicity:

White, not of Hispanic origin
 Hispanic or Latino

Race:

White
 Black/African American
 American Indian/Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander

Gender:

Male
 Female

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, DC 20250-9410

By signature below, I understand that the City of Hiawassee ("The City") is not responsible for any service line on my property. The City is responsible for the delivery of treated water/sewer to the boundary of my property only or to the City water meter. Billing will begin immediately following meter installation and the Customer/Application agrees to be personally liable for the account and agrees to make timely monthly payments of this utility account (sewer and/or water). In the event of a failure to make payment by the due date on the bill, we agree to pay all penalty/late fee/interest. I understand and agree that in the event the bill is not paid when due that the utility service will be disconnected and that I will be required to pay a Reconnection fee. I do further understand and agree that in the event that I do not make Payment of any sums due to the City that I may be subject to court or collection action for Non-payment. In the event of court or collection action, I agree that I will pay the costs for legal action and/or collecting my past due account through use of a collection agency.

Signature of Applicant	Date
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For Office Use Only

Account Number:	Meter Number:	Ert Number:
Water Tap Fee:	GIS Coordinate	Meter Size:
Sewer Tap Fee:	GIS Coordinate:	Deposit:
Date Paid:	Check No:	Date Set:
		Large Meter Fee:
		Total Paid:

Initial/Final reading: _____

Effective Date: _____