

# UTILITY CUSTOMER DATA FILE

**\*\*\*DRIVER'S LICENSE OR PHOTO IDENTIFICATION CARD IS REQUIRED\*\*\***

FULL NAME:

\_\_\_\_\_

SERVICE ADDRESS:

(WHERE YOU WANT YOUR WATER TURNED ON)

\_\_\_\_\_

MAILING ADDRESS:

(WHERE YOU WANT YOUR BILL MAILED TO)

\_\_\_\_\_

SS NO:

\_\_\_\_\_ (Optional)

DATE OF BIRTH:

\_\_\_\_\_

TELEPHONE:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

\*\*\*\*\*

EMPLOYER:

\_\_\_\_\_

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

PHONE NO:

\_\_\_\_\_

NAMES - LIVING IN HOUSEHOLD:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

\*\*\*\*\*

NAME AND ADDRESS OF CLOSEST  
RELATIVE NOT LIVING WITH YOU:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE:

\_\_\_\_\_

**\*\*\*Copy of rental or lease  
agreement is required**

**\*\*\*Name on rental agreement will  
be responsible for bill**

**\$100.00 DEPOSIT OR PROOF OF OWNERSHIP**

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

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



# CITY OF CEDARTOWN

201 East Avenue ♦ P.O. Box 65  
Cedartown, Georgia 30125  
Telephone (770) 748-3220 ♦ Fax (770) 748-8962

## BOARD OF COMMISSIONERS

DALE TUCK, CHAIRMAN  
JOHN BARRETT, VICE CHAIR  
SCOTTY TILLERY  
GARY MARTIN  
LARRY ODOM

# CITY OF CEDARTOWN

## INFORMATION FOR UTILITY BILLING AND GARBAGE COLLECTION

### NEW ACCOUNTS:

- Customer must be at least 18 years of age. (If customer is younger, he/she must present proof of full-time job, and parent will need to co-sign with customer.)
- Customer must report to office in person to sign for service.
- Customer must have a picture ID, such as a Drivers' License.
- Customer must be prepared to pay a security deposit or have proof of ownership of property.
- In order to receive same day service, customer must fulfill the above requirements by 3:00 p.m.
- Customer must state time they will be at residence for service to be connected.

**\*\*\*\*Someone must be there for water to be left on\*\*\*\***

### LEVEL OF GARBAGE SERVICE NEEDED:

RESIDENTIAL: \_\_\_\_\_ POLYCARTS at \$12.50 per cart, per month  
(number)

COMMERCIAL: \_\_\_\_\_ COMMERCIAL POLYCARTS at \$25.50 per cart, per  
(number) month (Limit 2 Polycarts)

**\*\*Note: Dumpster containers are generally assigned to businesses. The rates are dependent on size and number of lifts per week. Please specify below the size of the container and number of lifts needed per week. (Ask for information, if needed.)**

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### RESIDENTIAL UNITS AT LOCATION OF SERVICE (Please check if applicable):

SINGLE FAMILY UNITS: \_\_\_\_\_

MULTI-FAMILY UNITS: \_\_\_\_\_ HOW MANY UNITS: \_\_\_\_\_

**\*\*\*\*Note: Customer must notify the city by the 10<sup>th</sup> of each month of any change of occupancy or maximum number of units available at service location will be charged. Call (770) 748-3220, Extension 224 or 218.**



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

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

### Leak Protection Policy Waiver

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

Account Holder Name: \_\_\_\_\_

Account Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

By signing this waiver, I attest that I am the account holder and am voluntarily choosing to

\_\_\_\_\_ **ACCEPT**  
Initials

\_\_\_\_\_ **CANCEL**  
Initials

the **Leak Protection Policy** offered by the City of Cedartown Water Department.

I understand that I am **solely responsible** for payment of all water bills for my account if I choose to **CANCEL** and that I am **NOT ELIGIBLE** for any leak adjustments due to leak(s) that occur at my residence and/or business.

A copy of this letter will be maintained at City Hall. Should you wish to change this protection, you must come by City Hall and fill out another waiver.

**X**  
\_\_\_\_\_  
Account Holder

**X**  
\_\_\_\_\_  
Witness