



## CITY OF HOGANSVILLE

### APPLICATION FOR UTILITIES

Name \_\_\_\_\_ SSN/FEIN \_\_\_\_\_

Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ Apt, # \_\_\_\_\_

Zip: \_\_\_\_\_ Own? \_\_\_\_\_ Or Rent? \_\_\_\_\_

Prior Address \_\_\_\_\_ Apt, # \_\_\_\_\_

ZIP \_\_\_\_\_

Employer \_\_\_\_\_

ZIP \_\_\_\_\_

How Long \_\_\_\_\_ Phone \_\_\_\_\_

Prior Employer \_\_\_\_\_

ZIP \_\_\_\_\_

Name of Spouse \_\_\_\_\_ S.S.N. \_\_\_\_\_

Spouse Employer \_\_\_\_\_

Address \_\_\_\_\_

ZIP \_\_\_\_\_

Phone \_\_\_\_\_ Previous Employer \_\_\_\_\_

RE: Address \_\_\_\_\_, Hogansville, GA 30230

I hereby grant the City of Hogansville permission to apply for my credit score and I understand that the amount of my deposit will be determined by that score. I further understand that utility service may only be in the name of the owner or lessee of the property, and I have provided proof thereof. All utility bills are due by the date on my monthly statement and a service charge of 10% will be added to all bills paid after that date. Utility service will be disconnected for any unpaid bill 15 days past the due date. A re-connection fee of \$30 will be added to any account for which service has been disconnected. Service will be disconnected for any returned check and a fee of \$30 will be added to the account. There is an additional charge of \$35 to reconnect utilities during non-business hours

I agree to pay any and all reasonable costs and attorney fees incurred in collecting any amounts due as a result of the City providing utility service.

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

Accepted by the \_\_\_\_\_  
City \_\_\_\_\_ Date \_\_\_\_\_