



# City of Winder Residential Utility Application Applications accepted 9:00 AM – 4:30 PM

45 East Athens Street □ Winder, GA 30680 □ Phone 770-867-3106 □ Fax 770-307-0424

**A Legal Photo ID (such as a Valid Driver's License, Government Issued ID or Passport) is required to establish service.**

Water Deposit Amount \$100 and/or Gas Deposit \$150 (Cash, Check, Visa or MasterCard)

A Deposit is required for all accounts before service is established. The deposit may be waived based on credit. Proof of ownership or lease agreement papers are required. The City of Winder shall attempt collections of all parties listed on lease agreement or closing papers. Any additional costs incurred during the collection process will be the responsibility of said parties.

Service will be connected within the next business day (weekends & holidays not included). A **processing fee of \$50.00** is due for all new accounts. A transfer fee of \$25 may be required if the meter at the new location has been disconnected. Application must be filled out completely, accurately & legibly in order to establish service. Any applications received after 3:00pm will be processed the **next business day**. Customers who fax applications will receive a phone call if a deposit is needed.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle/Maiden: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_

SS#: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Email \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Service Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Spouse/Roommate: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Own:  Rent:  Property Owners Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Previous City of Winder Service? Y N Do you need to schedule service disconnect at your current location: Y N

If so, when? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Utility Service Start Date: \_\_\_\_\_

**If someone other than a City employee damages the meter box or its contents, the customer on record will be responsible.** In applying for service, I acknowledge that a credit report may be ordered to determine eligibility or deposit requirements; I verify that to the best of my knowledge the above information is correct. **I certify that I am responsible for this account and that all bills must be paid and received on or before 5:00 pm on the due date to avoid penalty.** Not receiving a bill does not excuse the fees. I also understand that if I move out of the listed address, I am required to contact the Winder Customer Center and complete a disconnect form. I understand that I am responsible for all bills until such time as the disconnection form is completed and submitted.

❖ Customers must insure all inside plumbing is shut off. Any damage as a result of open faucets or leaks inside the building is the customer's responsibility. I acknowledge if the meter shows unusual usage that is considered above normal, it may be turned back off and my presence will be required for connection of service. \_\_\_\_\_ **Customers initials**

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

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

**For office use only:**

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New Account #: \_\_\_\_\_ Previous Account # (If applicable-see disconnect form) \_\_\_\_\_

Inside city limits? - Y N Garbage Service Needed? - Y N Comments: \_\_\_\_\_

Driver's License Verified by \_\_\_\_\_ Bad Debt? - Y N Checked by: \_\_\_\_\_

Credit Checked? Y N Date Checked \_\_\_\_\_ Comments: \_\_\_\_\_

Gas Deposit \$ \_\_\_\_\_ By \_\_\_\_\_ Turn On \_\_\_\_\_ Unlock \_\_\_\_\_ Readout \_\_\_\_\_ Date: \_\_\_\_\_

Water Deposit \$ \_\_\_\_\_ By \_\_\_\_\_ Turn On \_\_\_\_\_ Unlock \_\_\_\_\_ Readout \_\_\_\_\_ Date: \_\_\_\_\_