



2791 East Point Street
East Point, Georgia 30344
(404) 270-7010 office
(404) 209-5121 fax

The following items must be submitted:

1. Copy of Business License (in the event the Business License is not available, a copy of the Business License Application with Receipt, Certificate of Occupancy Release can be provided).
2. If you are incorporated (Corporation or Limited Liability Corporation), we need the pages of your corporation paper that show the names of the officers and seal from the Secretary of State's Office.
3. Copy of Lease Rental Agreement or Deed.

NOTE: Applications will not be processed until a deposit and connection fee is paid. Please contact Customer Service at 404-270-7010 to discuss in further detail.

APPLICATION FOR COMMERCIAL UTILITY SERVICE

DATE SERVICE REQUESTED: _____

NAME OF BUSINESS: _____

D/B/A: _____

SERVICE ADDRESS: _____

BILLING ADDRESS: _____

TYPE OF BUSINESS: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

FEDERAL TAX ID#: _____

SERVICE(S) REQUESTED

OPTIONAL SERVICE(S)

ELECTRIC WATER SEWER SANITATION SECURITY LIGHTS IRRIGATION

PRIVATE COMPANIES (PLEASE COMPLETE):

OWNER'S NAME: _____ SS#: _____ / _____ / _____

ADDRESS: _____ PHONE#: () _____ - _____

OWNER'S NAME: _____ SS#: _____ / _____ / _____

ADDRESS: _____ PHONE#: () _____ - _____

CORPORATIONS (PLEASE COMPLETE):

HOME OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE#: () _____ - _____

I certify that I am the owner or his authorized representative and in making this application for service I agree to abide by all rules and regulations of the Customer Care Department.

Under and in accordance with your policies and procedures and with modifications and additions as may from time to time be made, you are requested to supply said services at the within address, subject to discontinuance of service for non-compliance with the policies and procedures, or failure to pay in accordance with your billing regulations. Falsification of any of the above information may result in the discontinuance of utility service without further notice. I understand that failure to pay any final billing after any deposit refund will result in the account being submitted to collections. I will, as a result, incur all collection costs.

Name _____ Date _____

Signature _____ Title _____

For Office Use Only:

Customer ID: _____ Location ID: _____ Connect Date: _____ Deposit: \$ _____ Initials: _____