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

For Office Use Only:	Equifax Fee: _____
Customer ID: _____	Security Deposit: _____
Location ID: _____	Connect Fee: _____
Connect Date: _____	Reconnection Fee: _____
Initials: _____	Same Day Fee: _____
☐ OWN	☐ RENT

APPLICATION FOR RESIDENTIAL UTILITY SERVICE:

NAME OF APPLICANT: _____
First *Middle* *Maiden* *Last*

SERVICE ADDRESS: _____
Street Address

_____
City *State* *Zip*

BILLING ADDRESS: _____
Street Address

_____
City *State* *Zip*

SS#: _____/_____/_____ DRIVER'S LICENSE #: _____

DATE OF BIRTH: _____ PHONE #: _____

SERVICE(S) REQUESTED: **DATE SERVICE REQUESTED: _____**

☐ ELECTRIC ☐ WATER ☐ SEWER ☐ SANITATION

HAVE YOU HAD SERVICE WITH THE CITY OF EAST POINT BEFORE? _____YES _____NO

PREVIOUS ADDRESS: _____

MARITAL STATUS:
_____ MARRIED SPOUSE'S NAME: _____ SS#: _____/_____/_____
_____ SINGLE
_____ DIVORCED

MEMBER OF HOUSEHOLD ON LIFE-SUPPORT: _____

APPLICANT'S EMPLOYER: _____

ADDRESS: _____ PHONE#: ( ) _____-_____

SPOUSE'S EMPLOYER: _____

ADDRESS: _____ PHONE#: ( ) _____-_____

EMERGENCY CONTACT (other than spouse): _____

I understand the following: (1) falsification of any of the above information may result in immediate discontinuance of utility service without notice; **(2) there will be a charge of $60.00 connection fee (3) there will be a charge of $5.00 for a check credit;** (4) failure to pay my utility accounts in accordance with the Customer Care Department's policies will result in discontinuance of service; (5) failure to pay my final bill after any deposit refunds will result in the account being submitted to collections. I will, as a result, incur all collection costs.

I hereby acknowledge that I authorized Customer Care Department to obtain a credit report for my account from Equifax Inc. when I opened my account.

SIGNATURE/ TITLE _____ DATE _____