



**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 _____