CITY OF BALDWIN – APPLICATION FOR UTILITY SERVICE

Type of Service Requested: (Please Circle) **WATER** **SEWER** **GARBAGE** **INSIDE CITY / OUTSIDE CITY**
RESIDENTIAL / COMMERCIAL

Name/Company Name	**Social Security/Tax ID#**
"911" Service Address	**Drivers Lic**
Mailing address	
Your Employer	**Phone #**
Spouse or Roommate's Name	**Social Security #**
Spouse's Employer	**Phone #**
Landlord's Name & Address	**Phone #**
Have you had previous service with the City of Baldwin? Yes / No	

The above hereby applies for services from the City of Baldwin and agrees to the following terms and conditions:

1. Applicant agrees to pay the City of Baldwin in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to pay monthly water bills as provided by the City of Baldwin before the 15th of each month with no penalty. Bills paid after the 15th of the month will be subject to a 10% late charge. After 30 days, service will be subject to disconnection.
3. Any cost in collecting any delinquent amounts will be "in addition to" all other charges and amounts.
4. Applicant agrees that in connection with the services performed, the City shall not be liable for damage to any property of the applicant by reason of any action on the part of the City of Baldwin, or the State of Georgia, or their duly authorized officers, agent, servants, or employees.
5. Applicant agrees not to tamper with the meter device in accordance with the City polices. Applicant agrees to immediately contact the employees of the City in connection with any service problems or leaks which might occur.
6. Applicant agrees to fill out a disconnection form for the 911 address above if he/she decides to terminate service.

As stated above, I apply for service with the City of Baldwin – I understand these terms and conditions are a part of this application and agree to be bound by such terms and conditions.

Applicant Signature _____ **Today's Date** _____

Date of Service _____

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please circle one:

White *Hispanic or Latino* *American Indian or India*

Black or African American *Asian* *Native Hawaiian or Other Pacific Islander*

Please circle one: *Male* *Female*

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave SW, Washington, DC 20250-9410.

CITY USE ONLY

Account # _____

Amount (of Deposit): $_____ Deposit transferred from account # _____

Water Tap _____ Sewer Tap _____ System Development Fee _____