



City of Hogansville

400 E. Main Street

Hogansville, GA 30230

Phone: (706) 637-8629

Fax (706) 637-4813

SERVICE AGREEMENT

Account Number _____ Date Service Desired _____

Electric Deposit \$ _____ Water Deposit \$ _____ Gas Deposit \$ _____

Application Fee \$ _____ Connection Fee \$ _____

Name _____ Social Security Number _____

Driver's License Number _____ Date of Birth _____

Contact Phone _____ Mobile Phone _____

Email Address _____

Employer _____ Work Phone Number _____

Name of Spouse _____ Social Security Number _____

(if joint account)

Spouse Driver's License Number _____ Date of Birth _____

Contact Phone _____ Mobile Phone _____

Email Address _____

Employer _____ Work Phone Number _____

Billing Address _____

Service Address _____

Have you ever had utilities in your name with the City of Hogansville in the past? _____

If so, where? _____

At the time of signing this agreement, I acknowledge that I am responsible for the billing of this meter/meters until such time that I notify the City of Hogansville that a new occupant is moving into this location or I will be moving from this service location. I understand that I must call to terminate service out of my name and give a forwarding address for final billing or refund.

Further, I hereby grant access to the City of Hogansville to my property for the purpose of fixing, removing, checking or reading the meter installed on my property.

I also acknowledge that the meter and meter box shall remain so and the City of Hogansville shall have authority to control and regulate its use. I also hereby acknowledge that I am prohibited by the City of Hogansville from connecting my plumbing to any other water source while connected and receiving service from the City of Hogansville including but not limited to, wells located on my property or any other private water supply. I am required to notify the City of Hogansville of any such source either now present or installed in the future. Furthermore, I also understand that I will be liable for any DAMAGES TO THE City of Hogansville equipment as a result of illegal operation, tampering or abuse to said equipment that results from my actions, and that I will also be subject to a fine.

PLEASE INITIAL THAT YOU ACKNOWLEDGE THE FOLLOWING:

_____ **Cut-Ons** – are scheduled Monday – Friday at 10:30am and 3:30pm. It is the applicant’s responsibility to have someone at the location in order for the services to be cut-on. If no one is present, services will not be cut-on.

_____ **Cut-offs – the person signing this form must call to terminate the service when needed.**
The service will be disconnected at the specified date & time requested. A final reading will be taken on the date requested and a final bill or a deposit refund generated on your regular billing date. After this billing date, if you are entitled to a deposit refund, the check will be mailed to the forwarding address given at the time of the service termination.

_____ **Water Leaks**– If a water leak is found and it is on the customer’s side of the meter, it is the customers responsibility to have the wter leak repaired immediately and to pay for all water charges. If a water leak is found by the City of Hogansville service technician, the City of Hogansville has the right to cut the water off until the customer can have the leak repaired. Water should be turned off when not in use until the customer can have it repaired.

_____ **Deposit Review** – Accounts will be reviewed periodically and deposits may be adjusted subject to payment history and usage.

I have read or been explained this policy and understand my responsibilities incurred by my request of electric, water and/or gas service.

Signature _____ Date _____
Print Name _____

Signature of Spouse _____ Date _____
Print Name _____

Accepted by the City of Hogansville _____ Date _____