



City of Hogansville
400 East Main Street
Hogansville, Georgia 30230
Phone 706-637-8629
Fax 706-637-4813

SERVICE AGREEMENT

Account# _____ DATE SERVICE DESIRED _____

Electric Deposit: _____ Water Deposit: _____ Gas Deposit: _____
Application Fee: _____ Connection Fee: _____

Name: _____ Social Security Number: _____
Drivers License # _____ Date of Birth: _____
Contact Phone _____ Mobile Phone: _____
Email Address: _____
Employer: _____ Work Phone: _____

Name of Spouse if joint account: _____ Social Security Number: _____
Spouse Drivers License # _____ Date of Birth: _____
Contact phone _____ Mobile Phone: _____
Email Address: _____
Employer: _____ Work Phone: _____

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.

Cut-On – are scheduled Monday – Friday at 10:30 am & 3:30 pm. 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. _____ Acknowledged Initial

Cut-off: – 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. _____ Acknowledged Initial

Water Leak: if a water leak is found and it is on the customer's side of the meter, it is the customer's responsibility to have the water 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 customer can have it repaired. . _____ Acknowledged Initial

Deposit Review: Accounts will be reviewed periodically and deposits may be adjusted subject to payment history and usage. _____ Acknowledged Initial

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

Signature _____ Date _____
Print Name: _____ Date _____

Signature _____ Date _____
Print Name: _____ Date _____

Accepted by the City of Hogansville: _____ Date: _____