



CUSTOMER SERVICE APPLICATION

City of Barwick
2090 S. Cedar St
PO Box 146
Barwick, GA 31720
(229) 735-2311
(229) 735-4151 fax

Please remit the following documentation either in person, by mail or fax:

- Customer Service Application
- A copy of your closing papers, insurance binder, contract, lease agreement, etc.
- A copy of a Photo ID

Name _____

Service Address _____

Mailing Address _____

Social Security # _____ DL# _____

Telephone # _____

Employer _____ Telephone # _____

Name (printed)

Customer Type _____ Owner, Renter or Realtor _____
(Please circle one)

Initiation Date _____

Deposit Paid _____

Deposit Pd Date _____

Minimum \$100 deposit is required for all accounts.

TERMS AND CONDITIONS

I confirm the customer name, service address and mailing address on this application are correct. The City will not be liable for any damages that may occur due to the connection of service. I understand that I am responsible for payment of the utility services at this location until I complete a disconnect order request. I also understand that bills for the above utility services are rendered on a monthly basis and that failure to make payment for utility services by the 10th day following the bill date will result in disconnection of services without further notice and will also result in delinquent service charges. If my services are delinquent, the entire outstanding amount on my account, including service charges, must be paid in full in order to reinstate my utility service. Tampering with the meter will result in penalties determined by general law. I agree to abide by City ordinances with respect to utility services.

Signature _____

Date _____