



Flowerly Branch

City of Flowerly Branch ♦ P.O. Box 757 ♦ Flowerly Branch, GA 30542 ♦ (770) 967-6371 ♦ Fax (770) 967-6481

NEW SERVICE APPLICATION COMMERCIAL SEWER

PLEASE PRINT

CUSTOMER NAME: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____

TAX ID NO.: _____ HOME PHONE#: _____

DRIVERS LICENSE #: _____ WORK PHONE#: _____

SERVICE ADDRESS: _____

PLACE OF EMPLOYMENT: _____

OWNERS NAME: _____

OWNERS ADDRESS: _____

OWNERS PHONE #: _____ OWNERS CELL: _____

PREVIOUS OCCUPANT: _____

DATE SERVICE TO BEGIN: _____

SIGNATURE: _____ DATE: _____

**The State has mandated that the City take every precaution to prevent identity theft. Because of this mandate all applicant signatures must be notarized. **

NOTARY SIGNATURE

DATE

THE CITY'S WATER AND SEWER ORDINANCE REQUIRES THAT YOU PAY A \$65.00 DEPOSIT AND \$30.00 ADMINISTRATIVE FEE BEFORE SERVICE IS TO BEGIN. THE DEPOSIT AMOUNT OF \$65.00 IS REFUNDABLE MINUS FINAL BILL.

TOTAL DUE - \$95.00 * CASH OR MONEY ORDER ONLY *****

(Money Order made payable to: City of Flowerly Branch)

Commercial Sewer Account Customers

What is the Company's name? _____

What is the Company's physical address? _____

Who should be listed as a contact person for any questions or problems?

How many employees does the company have? _____

What type of business is performed? (Manufacturing, dry-cleaning, photo development, etc.)

What type of discharge to the sewer system (Industrial or Sanitary)

What date did the business open at this location?

Telephone Number: _____

9. Fax Number: _____