

City of West Point Application for Utility Services **Date:** _____

Applicants must present a valid form of identification before their application will be processed. The city of West Point reserves the right to refuse/disconnect service to any location not in compliance with the city's current occupancy standards. Any false statements on this application will constitute grounds for your service to be disconnected without notice. Bills paid after the 10th of the month will incur a late charge. The city reserves the right to disconnect service without notice for non-payment.

NAME ON ACCOUNT: _____	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
Driver's License Number: _____	State: _____	
Social Security Number / TIN: _____		
Race: White <input type="checkbox"/> , Black or African American, Not Hispanic or Latino Origin <input type="checkbox"/> , American Indian or Alaskan Native <input type="checkbox"/> , Native Hawaiian or Pacific Islander <input type="checkbox"/> , Other <input type="checkbox"/> _____.		
(Note: This information is requested by the Federal Government to monitor compliance with federal law prohibiting discrimination against applicants. You are not required to furnish this information but are encouraged to do so. If the information is not given, we are required to note the race/nationality of individual applicants based on visual observation or surname. The information will not be used to evaluate your application or discriminate against you in any way.)		

MAILING/BILLING ADDRESS: _____ _____
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DATE OF BIRTH: _____ (MM/DD/YY)	TELEPHONE # _____
EMPLOYED BY: _____	TELEPHONE # _____
EMAIL ADDRESS: _____	

ADDRESS OF SERVICE LOCATION: _____ WEST POINT, GA 31833
LIST ALL ADULTS AT RESIDENCE: _____
PROPERTY OWNED <input type="checkbox"/> , RENTED <input type="checkbox"/> , LEASED <input type="checkbox"/> , LANDLORD NAME: _____
HAVE YOU PREVIOUSLY HAD UTILITY SERVICE WITH THE CITY OF WEST POINT? YES <input type="checkbox"/> , NO <input type="checkbox"/>
PRIOR ACCOUNT NUMBER OR ADDRESS: _____ BALANCE _____

Please Check All Information Before Signing.

The city shall have the right to inspect any installation before utility service is introduced or at any later time and reserves the right to reject any facility not in compliance with applicable standards, codes, and ordinances. It is unlawful for any person to, maliciously or with intent to injure or defraud, make any

connection or reconnection with any city utility, or turn on/off, destroy, alter, or prevent the action of any valve, meter, or other instrument used to measure consumption of utilities. All purchased utility service on the premise of any customer shall be supplied exclusively by the city, and the customer shall not directly or indirectly sell, sublet, assign, or otherwise dispose of utility service or any part thereof. The city may refuse to connect or may discontinue utility service for the violation of any applicable codes, ordinances, regulations, or laws with respect to utilities. Discontinuance of service shall in no way relieve the customer from their obligation to the city for payment of bills for utility services. All meters, service connections and other equipment furnished by the city shall be and remain the property of the city. The customer shall provide a space for and exercise proper care to protect the property of the city on their premises. In the event of loss or damage to city property arising from the neglect of the customer to care for the same, the cost of necessary repairs or replacement shall be paid by the customer. The city should be notified immediately should utility service be interrupted or unsatisfactory for any reason. The city shall use reasonable diligence to provide regular and uninterrupted utility service, but interruptions for any reason shall not cause the city to be liable for any damages resulting from such interruptions.

The information provided is true and correct to the best of my knowledge. I understand that I will be responsible for the payment when bills due of all bills for services at this location.

Signature of Applicant

Printed Name of Applicant/Officer of Business

Co-Sign

Social Security # or Federal Tax ID #

City Use Below This Line

RT. Code & Sequence: ____-____-____

Residential

Commercial/Industrial

Deposit Information Lights _____

Water _____

Gas _____ Sewer _____

Total Amount Paid: _____

Date: _____

Received By: _____

Note:

This is an Equal Opportunity Program; Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA,

Director, Office of Civil Rights, Room 326W, Whitten Building, 1400 Independence Ave., SW, Washington, DC 20250-9410