



# WELCOME TO EAST POINT! REQUIREMENTS FOR ESTABLISHING COMMERCIAL NEW SERVICE

Commercial Service is established between the hours of 8:00 a.m. until 4:00 p.m. ONLY

## DOCUMENTS REQUIRED TO ESTABLISH COMMERCIAL SERVICE

### Category A – Required Documents

- Copy of Business License (in the event the Business License is not available, a copy of the Business License (Application with Receipt and Certificate of Occupancy Releases can be provided).
- If you are incorporated (Corporation or Limited Liability Corporation), we need the pages of your Corporation paper that shows the names of the officers and seal from the Secretary of State's Office.
- Copy of Lease Rental Agreement of Deed
- Federal Tax Identification Number
- Letter of Authorization

### Category B – Commercial Deposit / Fees to Establish Service

- \$35.00 dollars fee required for **Credit Check**
- Three times the average monthly bill of the previous tenant. An additional deposit may be required based upon the monthly average bill amount.
- Surety Bond
- \$60.00 dollars **Establishment Fee**. 72 hours after service is established (Only accepted between the hours of 8:00 a.m. until 4:00 p.m.), excluding weekends and holidays. An additional deposit may be required based upon the monthly bill amount.



2791 East Point Street  
 East Point, Georgia 30344  
 (404) 270-7010 Office  
 (404) 559-4438 Fax

**The following items must be submitted:**

1. Copy of Business License (in the event the Business License is not available, a copy of the Business License Application with Receipt, Certificate of Occupancy Release can be provided).
2. If you are incorporated (Corporation or Limited Liability Corporation), we need the pages of your corporation paper that show the names of the officers and seal from the Secretary of State's Office.
3. Copy of Lease Rental Agreement or Deed.

**NOTE:** Applications will not be processed until a deposit and connection fee is paid. Please contact Customer Service at 404-270-7010 to discuss in further detail.

**APPLICATION FOR COMMERCIAL UTILITY SERVICE**

DATE SERVICE REQUESTED: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

D/B/A: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS:  CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP  
 FEDERAL TAX ID#: \_\_\_\_\_

**SERVICE(S) REQUESTED**

**OPTIONAL SERVICE(S)**

ELECTRIC  WATER  SEWER  SANITATION  SECURITY LIGHTS  IRRIGATION

**PRIVATE COMPANIES (PLEASE COMPLETE):**

OWNER'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_ - \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_ - \_\_\_\_\_

**CORPORATIONS (PLEASE COMPLETE):**

HOME OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE#: ( ) \_\_\_\_\_ - \_\_\_\_\_

I certify that I am the owner or his authorized representative and in making this application for service I agree to abide by all rules and regulations of the Customer Care Department.

Under and in accordance with your policies and procedures and with modifications and additions as may from time to time be made, you are requested to supply said services at the within address, subject to discontinuance of service for non-compliance with the policies and procedures, or failure to pay in accordance with your billing regulations. Falsification of any of the above information may result in the discontinuance of utility service without further notice. I understand that failure to pay any final billing after any deposit refund will result in the account being submitted to collections. I will, as a result, incur all collection costs.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

**For Office Use Only:**

Customer ID: \_\_\_\_\_ Location ID: \_\_\_\_\_ Connect Date: \_\_\_\_\_ Deposit: \$ \_\_\_\_\_  
Initials: \_\_\_\_\_



**WAIVER OF LIABILITY TO CONNECT UTILITY SERVICES**

The policy of the City of East Point Utilities is that the service is not connected without a responsible party on the premises. To allow for service connection at any time (whether or not a responsible party is on the premises), this waiver of liability form must be completed and signed by the property owner/renter/occupants and filed with the City East Point's Customer Care Department. This waiver must be completed every time the service is connected.

This **WAIVER OF LIABILITY** is entered into this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, between the City of East Point Utilities, and (name) \_\_\_\_\_ (Property Owner/Renter/Occupant).

The Property that is being connected is located at \_\_\_\_\_.

Property Owner/Renter/Occupant desires for the Utility services to be connected at this location at any time whether or not a responsible party is on the premises. The City of East Point Utilities will agree to connect the Utility services without a responsible party being on the premises only upon the completion and filing of this agreement with the City of East Point's Customer Care Department.

**RELEASE AND WAIVER OF LIABILITY:** Property Owner/Renter/Occupant hereby RELEASES, WAIVES and DISCHARGES the City of East Point Utilities, its successors and assigns, and its officers, employees, agents and consultants, from all liability, loss, claims, damages, possible or actual causes of action, cost, attorneys' fees, and other expenses arising from any actions, claims, arbitrations, demands or lawsuits that may otherwise accrue, including claims for or relating to damages, loss or injury to persons or property, in any way resulting from or related to the connection of the Utility services to this property, from any cause whatsoever.

By signing below, I am stating that I have read this agreement and understand the possible ramifications of allowing Utility services connection without a responsible party on the premises and that I am the owner/renter/occupant of the property listed above:

Property Owner/Renter/Occupant Signature \_\_\_\_\_

Property Owner/Renter/Occupant Name (please print) \_\_\_\_\_

Date Signed \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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