



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

FORMA DE SERVICIO NUEVO

Fecha: \_\_\_\_\_

El depósito se basa en un chequeo **de crédito mediante EQUIFAX. La tasa de chequeo de crédito** es de \$5.00 y el depósito va entre \$100.00 A \$200.00. **Además del depósito hay también un cargo de conexión no reembolsable** de \$60.00 . Todas las tarifas tienen que ser pagadas en pleno a fin de establecer **servicio nuevo**.

Dirección de servicio: \_\_\_\_\_

Nombre: \_\_\_\_\_

Dirección postal: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_

Número de impuesto federal \_\_\_\_\_

Número de seguro social \_\_\_\_\_

Fecha de nacimiento: \_\_\_\_\_

Nombre del empleador: \_\_\_\_\_

Número del contacto de emergencia \_\_\_\_\_

Número de emergencia \_\_\_\_\_

Email: \_\_\_\_\_

Depósito: \_\_\_\_\_

\*\* Documentación necesaria: escritura o declaración de acuerdo

\*\* Acuerdo de arrendamiento necesario.

\*\*2 formas de identificación, una de ellas una licencia de conducir o tarjeta de identificación (emitidas por el estado) La segunda forma de identificación puede ser la tarjeta de seguro social, el certificado de nacimiento, una tarjeta de crédito/débito, una identificación del trabajo, una tarjeta de seguro médico o un talón de pago reciente del trabajo.

Firma: \_\_\_\_\_



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|                             |                              |                               |
|-----------------------------|------------------------------|-------------------------------|
| <b>For Office Use Only:</b> |                              | Equifax Fee: _____            |
| Customer ID: _____          |                              | Security Deposit: _____       |
| Location ID: _____          |                              | Connect Fee: _____            |
| Connect Date: _____         |                              | Reconnection Fee: _____       |
| Initials: _____             |                              | Same Day Fee: _____           |
|                             | <input type="checkbox"/> OWN | <input type="checkbox"/> RENT |

**APPLICATION FOR RESIDENTIAL UTILITY SERVICE:**

NAME OF APPLICANT: \_\_\_\_\_  
*First Middle Maiden Last*

SERVICE ADDRESS: \_\_\_\_\_  
*Street Address*  
 \_\_\_\_\_  
*City State Zip*

BILLING ADDRESS: \_\_\_\_\_  
*Street Address*  
 \_\_\_\_\_  
*City State Zip*

SS#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**SERVICE(S) REQUESTED:** \_\_\_\_\_ **DATE SERVICE REQUESTED:** \_\_\_\_\_

ELECTRIC       WATER       SEWER       SANITATION

HAVE YOU HAD SERVICE WITH THE CITY OF EAST POINT BEFORE? \_\_\_\_\_ YES      \_\_\_\_\_ NO

PREVIOUS ADDRESS: \_\_\_\_\_

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

MARITAL STATUS:  
 \_\_\_\_\_ MARRIED SPOUSE'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_ SINGLE  
 \_\_\_\_\_ DIVORCED

MEMBER OF HOUSEHOLD ON LIFE-SUPPORT: \_\_\_\_\_

APPLICANT'S EMPLOYER: \_\_\_\_\_

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

SPOUSE'S EMPLOYER: \_\_\_\_\_

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

EMERGENCY CONTACT (other than spouse): \_\_\_\_\_

**I understand the following: (1) falsification of any of the above information may result in immediate discontinuance of utility service without notice; (2) there will be a charge of \$60.00 connection fee (3) there will be a charge of \$5.00 for a check credit; (4) failure to pay my utility accounts in accordance with the Customer Care Department's policies will result in discontinuance of service; (5) failure to pay my final bill after any deposit refunds will result in the account being submitted to collections. I will, as a result, incur all collection costs.**

I hereby acknowledge that I authorized Customer Care Department to obtain a credit report for my account from Equifax Inc. when I opened my account.

SIGNATURE/ TITLE \_\_\_\_\_ DATE \_\_\_\_\_



**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 \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_