



2018 UTILITY SERVICES APPLICATION

DATE: _____ Residential: _____ Commercial: _____

Utility Service Type: ___ Water; ___ Sewer; ___ Both.

Customer Name: _____ Mailing Address: _____ City, County, State, Zip Code: _____ Customer Telephone #: _____

Applicant Information Name: _____ Mailing Address: _____ City, County, State, Zip Code: _____ Applicant's Telephone #: _____

Deposit Collected: _____ Check; Cash; Debit; Credit.

By my signature below, the Customer/Applicant hereby acknowledges that billing will begin immediately following meter installation and the Customer/Application agrees to be personally liable for the account and agrees to make timely monthly payments of this utility account (sewer and/or water). In the event of a failure to make payment by the due date on the bill, we agree to pay all penalty/late fee/interest. I understand and agree that in the event the bill is not paid when due that the utility service will be disconnected and that I will be required to pay a Reconnection fee. I do further understand and agree that in the event that I do not make Payment of any sums due to the City that I may be subject to court or collection action for Non-payment. In the event of court or collection action, I agree that I will pay the costs for legal action and/or collecting my past due account through use of a collection agency.

Responsible Party's Signature _____ Print Name _____

Notary Public: _____ SS#/EIN _____

My Commission Expires: _____ [Notary Seal]

Affidavit Pursuant to Georgia Immigration Laws

Note: As a prerequisite to certain interactions with government entities, Georgia Law requires an affidavit regarding the subjects indicated herein.

- 1. I am over the age of 18, of sound mind, and am competent to make this Affidavit.
- 2. Initial all that apply (you may initial more than one):

I execute this Affidavit as an applicant for a Public Benefits. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Contracts, Business Loans, Business Licenses, Professional Licenses, Certificates authorizing the transaction of regulated businesses, other benefits as referenced and defined in O.C.G.A. Section 50-36-1, and as defined by the Attorney General of the State of Georgia.

3. I submit this affidavit on behalf of _____ (self or business entity).

4. With respect to my personal presence in the United States, I state as follows:

- a. I am a United States citizen. OR
- b. I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act lawfully present in the United States. I have provided my Alien Registration Number or, in the event I do not have an Alien Registration Number, I have provided another identifying number below.*

5. In making the above representations under oath, I understand that the City of Hiawassee, its agents, representatives and its employees are relying upon this affidavit, and I hereby authorize them to do so. I am aware that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Information made under Oath and Penalty of Law, this _____ day of _____ 20____

NOTARY PUBLIC

APPLICANT SIGNATURE

Print Applicant's Name & Address:

*

Alien Reg. No. or Other Identifying No. for Non-Citizens

Applicant Demographic Information for Federal Monitoring

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish *this* information, but are encouraged to do so; this information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants based on visual observation or surname.

Ethnicity: Hispanic or Latino

Race: (circle one or more)

White; Black or African American; American Indian; Alaska Native;
Asian; Native Hawaiian or other Pacific Islander.

Gender: Male ___ Female ____

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 326, Whitten Bldg., 1400 Independence Ave, SW, Washington, DC 20250-9410.

Applicant Signature: _____ Date: _____

Office Use Only:

Account #: _____ Service: Residential _____; Business _____;
Commercial: _____ Other: _____
Amount of Deposit: _____ Date paid: Cash ___ Check ____

Other information:

CONTRACT AGREEMENT & WAIVER/LIABILITY
RELEASE
Hiawassee Utility (Water and/or Sewer) Service

I acknowledge the receipt and benefit of Hiawassee Utility (Water and/or Sewer) Service to my property.

As a Recipient of Hiawassee utility services, I acknowledge and agree to the following:

Hiawassee is responsible for the delivery of treated water and sewer service to the boundary of my property only or to the Hiawassee Water Meter. I am responsible for the maintenance of all water and sewer service lines and facilities located within or on my property. I am responsible for any and all damages, fines or fees resulting from any utility lines or facility located within or on my property. I am responsible for all damages occurring on my property or within any residence or home including damage resulting from the breakage of water and sewer lines, leaking hot water heaters, washing machines, dish washers, pipe leaking, flooding and any and all water or sewer damage from any source. I am responsible for installing water pressure reduction valves and any all plumbing fixtures required by state or local law or building codes.

In consideration of the above utility services being provided to my property, I agree to release and discharge the City of Hiawassee, and all of their agents, employees, volunteers, staff and supervisors, from any damages or injuries sustained as a result of operation, repair and/or maintenance of water and sewer lines and facilities on my property.

In the event of a Public Health Emergency, I understand that the City may enter upon my property solely for the purpose of emergency repairs and that I may be responsible for the costs incurred by the City to eliminate any public health threat or damage to persons or property.

I further agree to pay all monthly utility fees and service charges to my utility account when due, agree to meet all city and state standards regarding utility service, and understand that failure to pay any amount when due may result in lien against my property.

Print Name: _____ Email: _____

Print Address: _____

Signature of Participant: _____ Cell Number: _____

Date: _____

Date of Connection Fee Check; _____

Check #: _____

Office Use:

Account #: _____

Approved By: _____