CITY OF HELEN

WATER/SEWER SERVICES COMMERCIAL / RESIDENTIAL APPLICATION

PO BOX 280
HELEN, GEORGIA 30545
PHONE – 706-878-2733 Email: secretary@cityofhelen.org

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This is a credit application. All information must be provided, and a deposit remitted prior to the initiation of services. Non-payment or a pattern of delinquent payment to the City can adversely affect your credit rating. **IF APPLICANT HAS AN UNPAID BALACNE WITH THE CITY OF HELEN, ON A PREVIOUS ACCOUNT, SERVICE MAY BE DENIED UNTIL PAID IN FULL. If during service with the City of Helen you have a water leak on your side of the meter, the City can only give adjustments to the sewer portion of your bill. You must provide documentation from a Certified Plumber stating where your water service was repaired. (Water & Sewer rates are available anytime upon request.)**

Name of applicant: ____

911 address of Location to be served: ____

Mailing address: ____

City: ___________________________________ State: ________________________ Zip: ________________

Home phone: ______________________ Driver's Lic.. # ________________________ Date of Birth: __________________

Cell phone: ______________________ Social Security# _________________ E-mail: ________________________________

Would you like your bills emailed? ____________ Would you like your checking account debited monthly for payment? _________

Place of employment ____
(PLEASE INCLUDE ADDRESS AND PHONE #)

Owner / Landlord: ____ Are you renting? Y/N_________
(IF OTHER THAN APPLICANT- INCLUDE NAME AND ADDRESS OF OWNER)

Previous Home/Business Owner or tenant at this address if known: ____

If this is a residence, will you be living here full time or part time? ____________ How many people will live here? ____________
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What date do you wish to initiate service? ___________________ Will you provide monthly or weekly rentals? Y/N ____________

Do you wish to have residential trash service? Yes / No (Circle one) Cost is $19.00 per month added to bill (Rules are available)

X____ ___________________________________
Signature of Applicant Date

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This portion to be completed by City.

______________________________ ______________________________ ______________________________
Person Receiving Application Account Number Services (Water/Sewer/Garbage)

______________________________ ______________________________ ______________________________
Date Service Initiated Meter Serial Number Meter Type

$ ____________________________ ______________________________ _______________ _______________
Deposit (Refunded when acct terminated) ECR # Water Rate Code Sewer Rate Code

______________________________ _____________ _____________ (Water & Sewer Rate Codes for restaurants will change if chair count changes.)
Receipt # Meter Reading Date Meter Read

_____________ _____________ ______________________________
Latitude Longitude Directions

Water / Sewer Deposit: Residential $200.00 Commercial $300.00 Lodging $1000.00 Food Service $500.00
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