

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 BALANCE 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: \_\_\_\_\_ Do you rent or own? \_\_\_\_\_  
(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? \_\_\_\_\_

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 \$21.50 per month added to bill (Rules are available)**

**X** \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

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

\_\_\_\_\_  
Latitude      Longitude      Directions

**Water / Sewer Deposit:    Residential \$200.00    Short-Term Rentals \$300.00**  
**Commercial \$300.00    Food Service \$500.00    Hotel/Motel \$2000.00**