

City of Rincon
Water Service Application
302 Columbia Avenue – Rincon, Georgia 31326
912-826-5745 City Hall – 912-826-2083 Fax

Last Name (print): _____ First Name: _____

Physical Service Address: _____

Home/Cell Phone: _____ Fax Number: _____ Own _____ Rent

Billing Address: _____

Spouse/Other Occupants: _____

Service Start Date: _____ Previous Service: _____ Yes _____ No

Date of Birth: _____ Previous Account #: _____

I acknowledge water service will be turned on at the above property on the date scheduled. I will not hold the City of Rincon responsible for any property damage to the water being turned on without my presence. I acknowledge if the meter shows water usage is considered above normal, it may be turned back off and my presence will be required for connection of services. **(A \$25.00 CALL OUT FEE WILL BE CHARGED)**

Signature Date

To avoid a 10% penalty charge all utility bills must be paid in full by the 15th day of each month. If the fifteenth (15th) day of the month falls on a non-business day, the penalty will be assessed at 11:59 PM on the next regularly scheduled work day for the City of Rincon.

To avoid an interruption of service (disconnection) all utility bills must be paid in full by the 20th day of each month. The failure of the City to insist upon the penalty charge and/or disconnection of services shall not be deemed a waiver of any subsequent penalties and/or disconnection of service if future utility bills are not paid in a timely manner as outlined above.

Should an interruption of service (disconnection) occur there will be a **\$25.00 service interruption fee** added to the utility bill. An interruption of service is considered to have taken place at 11:59 PM on the 20th day of each month whether or not the service has been physically interrupted (disconnected), if an interruption of service (disconnection) does occur there shall be no penalty charges added to the service interruption fee.

If the 20th day of the month falls on a non-business day, then the actual interruption (disconnection) of service will take place on the next regularly scheduled workday for the City of Rincon. This will not eliminate the \$25.00 service interruption fee charge referred to in the paragraph listed above.

Payments are posted by account number. * **MOVING? CHARGES WILL CONTINUE UNTIL DISCONNECT FORM IS RECEIVED**

*****NOTE: A clear copy of photo ID and rental agreement (if applicable) must be included with application. *****

This service agreement and deposit is to guarantee the due payment of any indebtedness for any city service due the City of Rincon, Georgia. This deposit shall be retained in escrow, without interest paid, by the City of Rincon. It is expressly understood by the undersigned customer that all or any part of this deposit may to the extent necessary be applied by the City of Rincon at any time in satisfaction of said guarantee. The undersigned customer also agrees to comply with all rules and regulations governing city services now in effect or those that may be hereafter established by the City of Rincon. When service to the above customer at the stated address is permanently discontinued, and payment of all amounts due the City are cleared, said service deposit shall be applied to the final billing and the remainder, if any, returned to the customer.

Total Deposit: _____ Check Number: _____

I understand that if I move out of the above listed address, I am required to contact the City's Water Administration and fill out a disconnect form. I understand that I am responsible for all bills until such time as the disconnect form is completed and submitted.

I further understand that I am responsible to write my account on each check submitted and receipts shall be retained by the customer in the event that a discrepancy occurs. I also understand that I am responsible for all water and sewer leaks that occur on my property and if I am not the property owner, I am responsible to notify the property owner.

Signature Date

REV 03/09

WORK ORDER: _____	ACCOUNT #: _____
STAFF: _____	DATE: _____
	RECEIPT: _____