

City of Maysville Water Department

Water Service Request Form

New Customer Service

(Homeowner)

Name: _____ Today's Date: _____

Date to turn water on: _____

Race: This information is for recording information with federal agencies only. If not supplied we will determine based on observation Male _____ Female _____

White _____ American Indian/Alaskan Native _____ Asian _____

Black/African American _____ Native Hawaiian _____ Other _____

Service Address _____

Mailing Address for new bill _____

Home Phone # _____ Work # _____ Cell # _____

New Acct information: Bills are due on 20th of each month

City Limits: Inside _____ Outside _____

Sewer _____ Garbage _____ \$15.00 per month/container provided

Signature _____ Date _____

Meter # _____

Total \$125.00 = Deposit \$100.00 & NonRefundable \$25.00 Administrative Fee;

FAX # 706-652-3511

E-Mail; lisagarb08@gmail.com

New Reading _____ Seq # _____ Route# _____ Old Acct. # _____

Date _____ Mail to: P.O. Box 86, Maysville, Ga. 30558

¾" meter Minimum bill

Fax # (706) 652-3511

\$25.25 per month inside city limits 0-2000 gallons

\$36.11 outside city limits 0-2000 gallons

\$6.11 per 1000 over 2000 gallons

Test Circle _____

Sewer rates based on water usage

Pump # _____

\$19.10

0-2000 gallons

\$ 5.73 per 1000

over 2000 gallons

Elec. I.D. # _____