

City of Maysville Water Department

Water Service Request Form

New Customer Service

(Realty/Inspection)

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

Homeowner: _____

City Limits: Inside _____ Outside _____

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

Signature _____ Date _____

Meter # _____

NonRefundable \$25.00 Administrative Fee; (Expires 30 days after application date)

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

Date _____ Mail to; City of Maysville, P.O. Box 86, Maysville, Ga. 30558

3/4" meter Minimum bill E-mail; lisagarb08@gmail.com Fax # 706-652-3511

\$25.76 per month inside city limits 0-2000 gallons

\$36.83 outside city limits

\$6.23 per 1000

Sewer rates based on water usage

\$19.48

\$5.84 per 1000

Attribute # 15: Y__N__

0-2000 gallons

over 2000 gallons

0-2000 gallons

over 2000 gallons

16. Read Resolution _____

20. Brand/Size _____

Pump # _____

Elec. I.D. # _____

19. Meter Model _____