

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 _____

(Wednesday pickup day)

Sewer _____ Garbage (Optional) _____ \$17.00 per month/container provided

Signature _____ Date _____

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

FAX # 706-652-3511

E-Mail: wanda.mclendon@cityofmaysvillega.org

Mailing Address: City of Maysville, P.O. Box 86, Maysville, Ga. 30558

Office phone: 706-652-2274 Ext. 2

(Office use only):

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

Date _____

Pump # _____

Meter Serial # _____

Electronic ID # _____

Read Resolution _____

Meter Model _____

Brand/Size _____

Attribute #15: Y _____ N _____