

CITY OF MAYSVILLE

WATER DEPARTMENT

WATER SERVICE REQUEST FORM

New Customer Service

Final Customer Service

Name: _____

Today's Date: _____

Landlord: _____

Date to Turn Water Off: _____

Service Address: _____

Mailing Address for Final Bill: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

Final Account Information

Signature: _____

Date: _____

E-Mail: waterbilling@cityofmaysvillega.org

Office Phone: 706-652-2274 Ext. 2

Fax#: 706-652-3511

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

Office Use Only

City Limits: Yes: _____ No: _____

Homeowner: _____ Renter: _____

Sewer: Yes: _____ No: _____

Garbage Yes: _____ No: _____

Account #: _____ Final Reading: _____

Sequence #: _____ Route# _____

Rate Code #: _____ Date: _____