

CITY OF MAYSVILLE

WATER DEPARTMENT

WATER SERVICE REQUEST FORM

New Customer Service

Realty/Inspection

Name: _____

Today's Date: _____

Date to Turn on Water: _____

Service Address: _____

Mailing Address for New Bill: _____

Home Phone #: _____

Work Phone #: _____

Cell Phone #: _____

New Account Information: Bills are due on the 20th of each month

Sewer Yes: _____ No: _____

Garbage (Optional): _____

\$17.00 per month/ 1 container provided- 2 containers \$31.50

(Garbage pickup is on Wednesday)

Signature: _____

Date: _____

NonRefundable \$25.00 Administrative Fee: (Expires 30 days after application 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: _____

New Reading: _____ Route # _____

Sequence#: _____ Old Account # _____

Meter Serial #: _____ Pump# _____

Electronic ID#: _____ Read Resolution _____

Meter Model: _____ Brand Size _____