

CITY OF MAYSVILLE

WATER DEPARTMENT

WATER SERVICE REQUEST FORM

New Customer Service

Homeowner

Name: _____

Copy of ID or Driver's license to be presented at City Hall

Today's Date: _____ Social Security # _____

Date to Turn on Water: _____

Closing documents for new home presented at City Hall

Service Address: _____

Mailing Address for New Bill: _____

Cell Phone #: _____ Work 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 - Recycling available upon request

Signature: _____

Date: _____

Total \$125.00= Deposit \$100.00 & Non Refundable \$25.00 Administration Fee

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: _____

