CITY OF MAYSVILLE WATER DEPARTMENT WATER SERVICE REQUEST FORM

New Customer Service

Rental Property

ESTABLISHE D 18/

name:	
Required copy of ID or Lice	ense to be presented at City Hall
Today's Date:	Social Security #
Landlord:	
Required copy of lease to	be presented at City Hall
Date to Turn on Water:	
Service Address:	
Mailing Address for New B	ill:
Cell Phone #:	Work Phone #:
New Account Inf	ormation: Bills are due on the 20th of each month
Sewer Yes:	No
Garbage (Optional):	
	provided- 2 containers \$31.50
Garbage pickup is on Wednes	sday-Recycling is available upon request
Signature:	
Date:	
Total \$225.00= Deposi	it \$200.00 & Non Refundable \$25.00 Administration Fee
E-Mail: waterbilling@cityof Fax#: 706-652-3511	maysvillega.org Office Phone: 706-652-2274 Ext. 2 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 #
	Pump#
Electronic ID#:	
Meter Model:	