

# City of Maysville      Water Department

## Water Service Request Form

### Final Customer Service

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date to turn water off: \_\_\_\_\_

**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 final bill

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

### Final Acct information:

Homeowner: \_\_\_\_\_ Renter \_\_\_\_\_

City Limits:    Inside \_\_\_\_\_ Outside \_\_\_\_\_

Sewer \_\_\_\_\_ Garbage \_\_\_\_\_ Acct.# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Meter # \_\_\_\_\_

Final Reading \_\_\_\_\_ Seq # \_\_\_\_\_ Route# \_\_\_\_\_

Date \_\_\_\_\_

Mail to: City of Maysville, P.O. Box 86, Maysville, Ga. 30558

Fax # 706-652-3511