

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