

City of Maysville Water Department

Water Service Request Form

New Customer Service

(Realty/Inspection)

Name: _____ **Today's Date:** _____

Date to turn water on: _____

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 new bill

Home Phone # _____ **Work #** _____ **Cell #** _____

New Acct information

Homeowner: _____

City Limits: **Inside** _____ **Outside** _____

Sewer _____ **Garbage** _____ \$14.50 per month/container provided

Signature _____ **Date** _____

_____ **Meter #** _____

NonRefundable \$25.00 Administrative Fee; (Expires 30 days after application date)

_____ **New Reading** _____ **Seq #** _____ **Route#** _____ **Old Acct. #** _____

Date _____

Fax: 706-652-3511

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