

# 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**