

City of Maysville Water Department

Water Service Request Form

New Customer Service

(Rental Property)

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:

Renter _____ Landlord _____

City Limits: Inside _____ Outside _____

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

Signature _____ Date _____

_____ Meter # _____

Total \$225.00 = Deposit \$200.00 & NonRefundable \$25.00 Administrative Fee

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

Date _____

Fax: 706-652-3511

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