



110 W. CLARK STREET
OXFORD, GA 30054
770-786-7004

<p align="center">APPLICATION FOR NEW SERVICE</p> <p><input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Water & Sewer</p> <p><input type="checkbox"/> Residential <input type="checkbox"/> Commercial</p> <p>DATE SERVICE IS TO BEGIN: _____</p>

DATE _____

ACCT # _____

DEPOSIT \$ _____

INSTRUCTIONS: PLEASE FILL OUT THIS FORM COMPLETELY. AN INCOMPLETE APPLICATION CANNOT BE PROCESSED. IF YOU NEED ASSISTANCE, PLEASE SEE ONE OF OUR CUSTOMER SERVICE REPRESENTATIVES.

DEPOSIT REQUIRED: A DEPOSIT PAYMENT IS DUE AT THE TIME NEW SERVICE IS ESTABLISHED. THE DEPOSIT AMOUNT VARIES BASED ON THE TYPE OF SERVICE AND SIZE OF METER PROVIDED.

REQUIREMENTS FOR NEW SERVICE: PLEASE CHECK ALL BOXES THAT ARE APPLICABLE.

- DO YOU **OWN** YOUR HOME? IF YES, A COPY OF YOUR SETTLEMENT STATEMENT OR DEED MUST BE ATTACHED.
- DO YOU **RENT** OR ARE YOU A MANAGEMENT COMPANY? IF YES, A COPY OF THE LEASE AGREEMENT MUST BE ATTACHED.
- DID YOU **TRANSFER** FROM ANOTHER ADDRESS IN THE CITY OF OXFORD, GEORGIA? IF YES, PLEASE PROVIDE PREVIOUS ADDRESS: _____
- (ONLY CHECK IF YES)** WOULD YOU LIKE THE SERVICE AT PREVIOUS ADDRESS DISCONNECTED? DATE: _____
Please give the date you wish services to be disconnected. If not checked, service will remain on at the previous address.

CUSTOMER NAME: _____ (PRINT)

CO-APPLICANT'S NAME: _____ (PRINT)

SERVICE ADDRESS: _____ ZIP CODE _____

BILLING ADDRESS: _____ CITY, STATE, ZIP CODE _____
(If different than service address)

HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

SSN/TAX ID#: _____ DRIVERS LICENSE# _____ BIRTHDATE : _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____ CITY/ST/ZIP _____

E-MAIL ADDRESS: _____

EMAIL CONSENT: I HEREBY CONSENT TO RECEIVING EMAILS TO MY EMAIL ADDRESS PROVIDED BY ME FROM THE CITY OF OXFORD, GEORGIA OR ITS AFFILIATES AND THEIR AGENTS INCLUDING, WITHOUT LIMITATION, ACCOUNT MANAGEMENT COMPANIES AND INDEPENDENT CONTRACTORS INCLUDING ANY DEBT COLLECTORS. _____ AGREE _____ DISAGREE

CO-APP. SSN/TAX ID#: _____ D. LICENSE# _____ BIRTHDATE : _____

CO-APP. HOME PHONE () _____ CELL PHONE () _____ WORK PHONE () _____

CO-APP. EMPLOYER NAME: _____

CO-APP. EMPLOYER ADDRESS: _____ CITY/ST/ZIP _____

CO-APP. E-MAIL ADDRESS: _____

SPECIAL NEEDS: _____

LANDLORD - PROPERTY OWNER: _____ PHONE () _____

ADDRESS: _____ CITY/STATE/ZIP _____

REFERENCE: (preferably a relative, if living in GA) NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

RELATIONSHIP: _____ HOME PHONE () _____ CELL PHONE () _____

To aid the City of Oxford, Georgia in the review and acceptance of this application, Applicant and Co-Applicant unconditionally agree to comply with all applicable Ordinances, rules and regulations of same (as currently in force and as may be later amended), and to promptly pay for all electrical, garbage, water and wastewater services/treatment, as applicable. This includes all service billings, and if applicable, late fees, and other fees and charges as they may apply. If bills and charges are not paid when due, Applicant and Co-Applicant also agree to be subject to reasonable attorneys' fees, costs of collection and filing fees, and Applicant and Co-Applicant hereby consent to venue in Newton County, Georgia should the City of Oxford, Georgia be required to bring such an action.

By providing the City of Oxford, Georgia with Applicant's or Co-Applicant's cellular phone numbers each hereby consents to receiving personal, auto-dialed and/or pre-recorded message calls to their cell phone(s) and to any other phone number(s) provided to the City of Oxford, Georgia, its agents and affiliates, including, without limitation, any account management companies and independent contractors, including debt collectors.

Applicant and Co-Applicant hereby grant the City of Oxford, Georgia permission to apply for their credit scores and each understands that the amount of security deposit may be determined by said credit score(s). The Applicant and Co-Applicant further acknowledge (jointly and severally) their responsibility for any accrued cost by the City of Oxford, Georgia to cause replacement or repair to Applicant's and Co-Applicant's service(s) due to damage and/or tampering, and that the City of Oxford has police authority over all meters, wires, and pipes. It is against the law for any person, other than qualified city employees to handle in any manner meters or equipment owned by the city. Tampering with said city property is a misdemeanor and shall be punished, on conviction, by up to 30 days in jail and a \$700.00 fine plus court costs and restitution.

OUR PAYMENT POLICY

Please read and acknowledge that you fully understand

- I/We understand that payment for utility services is due on the 15th of each month.
- I/We understand that payments received after the 15th are subject to a 10% Late Fee charge.
- I/We understand that payment for past due balances not received by the 24th of each month is subject to an additional \$25.00 Delinquent fee.
- I/We understand that payment for Past Due, Late Charges and Delinquent Fees not received by the 3rd of the following month will be disconnected. All past due bills must be paid in full, along with a \$50 Reconnection Fee before services can be restored.
- I/We understand that ALL unpaid balances will be turned over to collections.
- I agree to be responsible for any outstanding balances, collection fees up to 15%, attorney's fees, and or court cost incurred due to non-payment of the above account.

APP. SIGNATURE: _____

DATE: _____

CO-APP. SIGNATURE: _____

DATE: _____

Return the following to the City of Oxford, Georgia, 110 West Clark Street, Oxford, GA 30054:

- Completed application
- Copy of valid photo ID
- Copy of your settlement statement, deed or lease agreement
- Deposit in the form of cash, money order, or certified check