



478-934-6346

112 W Dykes St. Cochran Ga 31014

For more information, please visit our website: [www.cityofcochran.com](http://www.cityofcochran.com)

### OWNER'S APPLICATION FOR CITY SERVICES

Completed application and fees are required at the time of submittal; failure to provide this information will delay the processing of this application.

Previous/Current Account : \_\_\_\_\_ LOC : \_\_\_\_\_

Effective Date: \_\_\_\_\_

Services Needed:

GAS  WATER  SEWER  GARBAGE  SPRINKLER

Service Location: \_\_\_\_\_

Type:  RESIDENTIAL  COMMERCIAL

FEES:

Water Connect Fee: \$35 Gas Connect Fee: \$65 + connect fee \$35

Owner Name: \_\_\_\_\_

C/O Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ SSN : \_\_\_\_\_

Contact Numbers:

Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

**Special Needs:** \_\_\_\_\_

EBILL: (YES/NO) \_\_\_\_\_

Email Address: \_\_\_\_\_

Automatic Bank Draft: (YES/NO) \_\_\_\_\_

#### REQUIRED DOCUMENTS

Warranty Deed  911 Registration form  Driver's license/State I.D

#### POLICY

By signing this application, I acknowledge that I have received a copy of the City of Cochran's Utility Services Terms and Conditions. I understand and agree to abide by these terms.

By signing below, I confirm that I have received, read, and agree to all terms and conditions outlined in this application and the City of Cochran's Utility Services Terms and Conditions document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By initialing here \_\_\_\_\_, I confirm that I have received a copy of the full Terms and Conditions document.

CSR: \_\_\_\_\_