



478-934-6346

www.CityofCochran.com

112 W Dykes St. Cochran Ga 31014

For more information, please visit our website: www.cityofcochran.com

RENTAL 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

Service Location: _____

Type: RESIDENTIAL COMMERCIAL

FEES:

- Deposit: \$85 for utilities, \$150 for gas connection + \$35 connect fee

Tenant Name: _____

C/O Name: _____

Mailing Address: _____

Driver's License: _____ SSN : _____

Contact Numbers:

- Cell: _____ Home: _____ Work: _____ Other: _____

EBILL: (YES/NO) _____

Email Address: _____

Automatic Bank Draft: (YES/NO) _____

REQUIRED DOCUMENTS

Lease/Rental Agreement 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

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: _____



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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: _____

EBILL: (YES/NO) _____

Email Address: _____

Automatic Bank Draft: (YES/NO) _____

REQUIRED DOCUMENTS

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

POLICY

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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.

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CSR: _____