

Account No.

## CITY OF CONCORD

P O BOX 175

CONCORD, GA 30206

(770) 884-5221

[cityclerk@cityofconcordga.gov](mailto:cityclerk@cityofconcordga.gov)

### Application for Services

Name: \_\_\_\_\_  
First Middle Initial Last

Phone No.: \_\_\_\_\_

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

Driver's License No.: \_\_\_\_\_ DOB: \_\_\_\_\_

Service Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

☐ Same as service address

By signing this application, I understand that I am requesting the City of Concord to turn on water service at the above listed service address. It is my understanding that the city of Concord is not responsible for any water damage that may occur at said residence because service was turned on. It is also my understanding that any damage incurred to the metering device and its assembly will result in a minimum \$150.00 charge payable to the city of Concord.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### OFFICE USE ONLY

Deposit: WS \$300.00 owner \$375.00 renter	Wi-Fi \$50 \$60 \$65
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check No.	Meter Reading:
<input type="checkbox"/> Money Order No.	Notified garbage company <input type="checkbox"/>
<input type="checkbox"/> Online Conf. No.	Entered contact # in database/cell <input type="checkbox"/>