

TOWN OF MARTIN SERVICE APPLICATION RESIDENTIAL/ BUSINESS

Form # 080911

Applicant Full Name:	Driver's License #
Mailing Address:	Home Phone #
City State Zip	Cell Phone #
Business Name:	Work Phone #
Employer & Address:	
Spouse or Roommate's Name	Driver's license #
Spouse or Roommate's Employer	Work Phone #

Type of Service Requested (Circle): Water Garbage (Available In Town of Martin and Avalon ONLY)
NOTE: SERVICE ADDRESS MUST BE COMPLETE AND RESIDENCE MARKED APPROPRIATELY!
Service Address: Street & No Required:
Inside or outside Town Limits: (circle one) Martin Avalon County
Owner's Name
Owner's Address
Owner's Phone Number

Nearest Relative Name:	Phone #
Address:	Cell Phone
City, State & Zip	Work Phone

Have you had previous service with the Town of Martin (Yes) or (No)
What name was your prior account in?
Has a Business License been applied for? (Yes) or (No)

The above hereby applies for services from the Town of Martin subject to the following terms and conditions:

1. Applicant agrees to pay to the Town of Martin in accordance with the schedule of fees for services rendered at the above address.'
2. Applicant agrees to comply with all of the Town of Martin rules and regulations applicable to such services.
3. Applicant agrees to pay monthly utility bills as provided by the Town of Martin within 25 days of the billing date. If there is no usage, applicant agrees to pay the minimum charge.
4. Applicant agrees that in connection with the services to be performed, the Town shall not be liable for damages to the dwelling or to any property of the Applicant by reason of any action on the part of the Town of Martin, Stephens County or the State of Georgia, or their duly authorized officers, agents, servants, or employees.
5. Applicant agrees that the service applied for to be rendered by the Town is limited to use of only one (1) family dwelling house or commercial building without express written permission.
6. Applicant agrees not to tamper with the meter device in accordance with the Town policy and ordinances. Applicant agrees to immediately contact the employees of the Town in connection with any service problems or leaks which might occur.

As stated above, I _____ apply for service with the Town of Martin, I understand the terms and conditions which as a part of this application and agree to be bound by such terms and conditions.

Signed _____
Date _____

"The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname".

ETHNICITY: Hispanic or Latino _____ Not Hispanic or Latino _____
RACE: White _____ Black or African American _____ American Indian/Alaskan Native _____ Asian _____
GENDER: Male _____ Female _____

"This is an Equal opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg, 1460 Independence Ave., SW Washington, DC 20250-9410.

A PHOTO ID IS REQUIRED!