



City of Hogansville  
400 East Main Street  
Hogansville, Georgia 30230  
Phone 706-637-8629  
Fax 706-637-4813

**SERVICE AGREEMENT**

Account# \_\_\_\_\_ Date Service Desired \_\_\_\_\_

Electric Deposit: \_\_\_\_\_ Water Deposit: \_\_\_\_\_ Gas Deposit: \_\_\_\_\_  
Application Fee: \_\_\_\_\_ Connection Fee: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Spouse if joint account: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Spouse Drivers License# \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Contact phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Billing Address:

Service Address:

Have you ever had utilities in your name with the City of Hogansville in the past? \_\_\_\_\_  
If so where? - \_\_\_\_\_

At the time of signing this agreement I acknowledge that I am responsible for the billing of this meter/ meters until such time that I notify the City of Hogansville that a new occupant is moving into this location or I will be moving from this service location. I understand that I must call to terminate service out of my name and give a forwarding address for final billing or refund. Further, I hereby grant access to the City of Hogansville to my property for the purpose of fixing, removing, checking or reading the meter installed on my property.

I also acknowledge that the meter and meter box shall remain so and the City of Hogansville shall have authority to control and regulate its use. I also hereby acknowledge that I am prohibited by the City of Hogansville from connecting my plumbing to any other water source while connected and receiving service from the City of Hogansville including but not limited to wells located on my property or any other private water supply. I am required to notify the City of Hogansville of any such source either now present or installed in the future. Furthermore, I also understand that I will be liable for any damages to the City of Hogansville equipment as a result of illegal operation, tampering, or abuse to said equipment that results from my actions, and that I will also be subject to a fine.

**Cut-On** – are scheduled Monday – Friday at 10:30 am & 3:30 pm. It is the applicant’s responsibility to have someone at the location in order for the services to be cut-on. If no one is present services will not be cut-on. \_\_\_\_\_ Acknowledged Initial

**Cut-offs** – the person signing this form must call to terminate the service when needed. The service will be disconnected at the specified date & time requested. A final reading will be taken on the date requested and a final bill or a deposit refund generated on your regular billing date. After this billing date, if you are entitled to a deposit refund, the check will be mailed to the forwarding address given at the time of the service termination. \_\_\_\_\_ Acknowledged Initial

**Water Leaks**- if a water leak is found and it is on the customer’s side of the meter, it is the customer’s responsibility to have the water leak repaired immediately and to pay for all water charges. If a water leak is found by the City of Hogansville service technician, the city of Hogansville has the right to cut the water off until the customer can have the leak repaired. Water should be turned off when not in use until customer can have it repaired. \_\_\_\_\_ Acknowledged Initial

**Deposit Review:** Accounts will be reviewed periodically and deposits may be adjusted subject to payment history and usage. \_\_\_\_\_ Acknowledged Initial

I have read or been explained this policy and understand my responsibilities incurred by my request for electric, water and / or gas service.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name: \_\_\_\_\_ Date \_\_\_\_\_

Accepted by the City of Hogansville: \_\_\_\_\_ Date: \_\_\_\_\_