CITY OF WALKER APPLICATION FOR UTILITY SERVICES – Residential Customer

Name:				
(Last)		(First)		(Middle)
Spouse's Name: (Last))	(First)		(Middle)
Service Address:		City:		Zip:
Mailing Address (if different):		G11, 1		
-	<u>, </u>			
Previous ServiceAddress:				
Phone Numbers:	(Hm)	(Cell)		(Wk)
Driver's License #:		Email:		
Employer:	(Ph)	Spouse's Employe	er:	(Ph)
Nearest Living Relatives :(1)		(Ph)		
<u>(2)</u>		(Ph)		
CHECK ONE:				
House	Mobile Home	Apartment		
Inside City Limits: Yes: ☐ No	: □			
Property: Own Rent	Realtor Builder:	Subdivison		Lot#
Services Requested: Gas V	Vater Sewer Ga	rbage 🗌 All 🗌		
Gas Used For: Water Heater	Stove Furnace	Fireplace Generator	Pool heater	All 🗌
I, the undersigned, hereby request the C the City for all such services required or that I no longer occupy or control the pr fee of 10% of the current bill. I also understand that if I do not pay the bill ir connected. I further authorize the City that charge from the day services are connected this address before, it will take a minimum that if the City renders the service herein assignable.	in the premises at such service addr remises. I understand that all bills we derstand that if payment is not reconfull by the 7 th day after the due do to enter the premises for the purposeted until the regular reading date, imum of fourteen (14) working day	ress as long as I occupy or control the privile be due upon receipt, and that any biseived by the due date, services are subjected, I will have to pay the bill in full, pluse of activating or de-activating services even if it is less than one month. I have ys AFTER payment has been received it	emises and until suc ill not paid by the duc et to be disconnected as an administrative f s. I also understand to been informed that in this office to have	h time as I give the City notice e date, will be charged a penalty I with no further notice. I see of \$20.00 per in order to be rehat I will be charged a minimum of there have never been services services ready for me. I agree
APPLICANT'S SIGNATURE:		I	Date:	
	(OFFICE USE ONLY		
GAS: TAP:	WATER: TAP:	SEWER: TAP:	GARBAGE:	DEPOSIT NO:
DEPOSIT:	DEPOSIT:	TIE-IN:	DEPOSIT:	C/C:
SERVICE CHG:	SERVICE CHG:	DEPOSIT:	_	☐ Cash
SERVICE EXTEND:		SERVICE CHG:		
Total Amount:	Date Paid:	Must provide act o	f cash sale as proof	f of ownership
Previous Customer:		Acct#:		
Application Taken By: Mon – Thursday 7:00 – 4:30	Payment metho	ods: Cash, Master card or Visa	Procee	lures available upon request

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CITY OF WALKER RICK RAMSEY, MAYOR

MAYOR PRO TEM: Tracey Girlinghouse CLERK: Myra Streeter, CAA/CMA TOWN ATTORNEY: Irys Allgood	ALDERMAN: Jonathan Davis Gary Griffin Scarlett Milton Major Paul Roberts Jr.
City of Wa Billing Te	
 All bills are dated the last day of the month and the Example: Bill date December 31st making the Due Billing is done in arrears which means we bill on your first bill in	the Date the 4 th Wednesday of January. The month behind. This will cause you to receive the month. If you do not receive your bill by the 15 th
 If not paid by the due date on the bill a 10 % late date. We have two night deposit boxes. One located to the back of the parking lot next to the FedEx dro If payment is not made services are subject to dis On the 8th day after the due date a \$20.00 admin If your services are disconnected the bill must be CHECKS WILL BE ACCEPTED ON DISCONS Procedures are available upon request. 	o the right of the front door. The other located in op box. sconnect 7 days after the due date. istrative fee will be placed on your account. e paid in full with cash, credit or debit card. NO
I have read and understand the City of Walker Billing Applicant: Clerk:	