



RESIDENTIAL SERVICE APPLICATION

Note: Fields with * must be completed

*Service Type: New ___ Transfer ___ Electric ___ Water ___ Gas ___ Telecom ___

*Name ___ *SS# ___ *DOB ___ DL# ___

*Phone ___ Email ___

Authorized Agent ___ SSN# ___ DOB ___ DL# ___

Phone ___ Email ___

This Authorized Agent has authorization to speak or make changes on my behalf regarding my utility bill.

*Service address ___ *Connect date ___

*If transfer, current address ___ *Disconnect date ___

*Billing address (if different) ___

*How do you want to receive your statement (bill)? Circle one E-Bill Paper Bill Both

Internet. We offer fiber optic and wireless service in some areas. Advise if interested. Yes ___ No ___

65+ (Senior) Discount Program Advise if eligible. Yes ___ No ___

Direct Debit/Bank Draft Advise if interested. Yes ___ No ___

Fort Valley Cares Program (Round-Up Plus 1)

Customers are automatically enrolled in the Cares Program unless opting out below.

___ I authorize the Utility Commission to add the following amount to my bill each month.
(please circle one) \$1 \$5 \$10 Other \$ _____

___ I would like to opt out of the Round-Up Plus 1 program.

By completion of this Application for New Service or Transfer, I am assuming responsibility for payment of any services provided by the Utility Commission. I understand it is my responsibility to notify the Utility Commission, in writing, when service is to be disconnected. Any charges up to the date of notification received by the Utility Commission will be my responsibility.

Service may be denied or discontinued if it is determined that the applicant owes uncollected utility bills or has other indebtedness to the Fort Valley Utility Commission.

I authorize this facility, along with any billing service, collection agency, or attorney who may work on their behalf, to contact me on my cell phone and/or home phone using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication.

I would like to opt out of monthly courtesy bill notification calls.

(CONTINUE ON BACK)

EASEMENT

Each applicant, upon being requested to do so by the Fort Valley Utility Commission, shall provide and deliver to the Commission grants of easement of right-of-way over, on or under such land owned or leased by the Applicant and in accordance with such reasonable terms and conditions as the Commission shall require for the furnishing of utility services to him or other Applicants or for the construction, operation, maintenance, or relocation of the Commission's utility facilities.

RIGHT OF ACCESS

Furthermore, all service lines supplying the Applicant with utility service and all meters, switches and other equipment constructed or installed by the Commission or its agents over, on or under said premises, shall at all times be the sole property of the Commission which shall have the right of access to said premises at all reasonable times for the purpose of reading meters, right-of-way maintenance, testing, inspecting, repairing, removing, maintaining or exchanging any or all equipment and facilities.

***Please read and check to acknowledge:**

___ **Not receiving a bill does not relieve me of my responsibility to pay the bill.**

___ **This application authorizes the Utility Commission to conduct a credit check.**

***Customer Signature:** _____ **Date:** _____

The following information is requested to monitor compliance with Federal law prohibiting discrimination. You are not required to furnish this information but are encouraged to do so. However, if you choose not to furnish it, we are required to note the race/ethnicity of individual applicants based on visual observation or surname. This information will not be used against you in any way.

RACE/ETHNICITY

- American Indian/Alaskan Native
- Asian
- Black or African American

- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White

GENDER

- Female
- Male

THE FORT VALLEY UTILITY COMMISSION IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER

FOR OFFICE USE ONLY

New Acct # _____ Old Acct # _____ Owner _____ Tenant _____

Service Fee: \$ _____ Deposit Amount \$ _____ Transfer Deposit \$ _____

Scanned by _____ Completed by: _____
Initials Date

Bill due date: ** _____ of every month.

** When the due date is on a weekend or holiday, bill will be due next business day.