



APPLICATION FOR SERVICE

OFFICE USE ONLY

New Acct # _____

Old Acct # _____

Service Fee: \$15.00 _____

Deposit Amount \$ _____
Owner Tenant

Scanned _____

Completed by: _____
Initials Date

APPLICANT INFORMATION

Name _____

Phone # (home) _____ (cell) _____

SS # _____ Driver's License # _____

Email: _____ E-Bill _____ Paper Bill _____ Both _____

Employer _____ Employer's Address _____

Spouse Name _____ (maiden name) _____

Spouse SS# _____ Spouse Driver License # _____

Have you had utilities with the Fort Valley Utility Commission before? Yes _____ No _____

If yes, list name and address: _____
Name Address

PROPERTY INFORMATION

*If transfer, previous address:

New Service _____ Transfer Service* _____

STREET ZIP CODE

Check services desired:

Electric _____ Water _____ Sewer _____ Gas _____

Disconnection date: _____

Telecom _____

Address where service is requested:

Address where bill is to be mailed:

STREET ZIP CODE

STREET ZIP CODE

Date new service is requested to be connected: _____

List other persons sharing this residence and paying part of the bill:

If you are not the home owner, list property owner/landlord information:

_____ Property Owner/Landlord

_____ Property Owner/Landlord Phone #

(Continue on reverse)

Internet

We offer fiber optic and wireless service. Advise if interested: Yes _____ No _____

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

Fort Valley Cares Program (Round-Up Plus 1)

The Fort Valley Cares Program provides assistance to eligible applicants. Contribution to the Cares Program rounds customer’s utility bills up to the nearest dollar, plus adds an additional dollar. *All contributions are tax deductible.*

Customers are automatically enrolled unless opting out below.

- I would like to opt out of the Round-Up Plus 1 program.
- I authorize the Utility Commission to add the following amount to my bill each month in addition to the Round-Up Plus 1:

(please circle one) \$1 \$5 \$10 Other \$ _____

NOTE: You can withdraw from either program at any time by contacting Customer Service.

By completion of this Application for New Service or Transfer Request form, 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 when service is to be disconnected. Any charges up to the date of notification received by the Utility Commission will be my responsibility.

I authorize this facility, along with any billing service, their 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.

Please read and check:

- Not receiving a bill does not relieve me of responsibility to pay the bill.**
- This application authorizes the Utility Commission to conduct a credit check.**

Applicant’s Signature: _____

Print Name: _____

Date: _____