Account #

CITY OF CONCORD

P O BOX 175
CONCORD, GA 30260
770-884-5221 – FAX 770-884-9666

APPLICATION FOR UTILITY SERVICES

Name:_____
First Middle Initial Last

Telephone #: _____ **Email** _____

Driver's License Number: _____ **Date of Birth:**_____

Property Address: _____

Billing Address if different than property address:

_____

By signing this application, I understand that I am requesting the City of Concord turn service on at the above listed address. It is also my understanding that the City is not responsible for any water damage that may occur at the said residence because service was turned on.

_____ _____
Signature of Applicant Date

OFFICE USE ONLY:

Deposit of $150.00

Cash _____ **Check #:** _____ **On-line Confirmation #:** _____

Entered contact # in database _____ **Notified garbage company** _____

Meter Reading _____