Account No.

CITY OF CONCORD

P O BOX 175
CONCORD, GA 30206
(770) 884-5221
cityofconcord@bellsouth.net

Name: _____
First Middle Initial Last

Phone No.: _____

Email: _____

Driver's License No.: _____ **DOB:** _____

Service Address: _____

_____

Billing Address:
_____

_____

☐ **Same as service address**

By signing this application, I understand that I am requesting the City of Concord to turn on water service at the above listed service address. It is my understanding that the city of Concord is not responsible for any water damage that may occur at said residence because service was turned on. It is also my understanding that any damage incurred to the metering device and its assembly will result in a minimum $150.00 charge payable to the city of Concord.

_____ _____
Signature of Applicant **Date**

OFFICE USE ONLY

Deposit: $150.00	Meter Reading:
☐ Cash	Notified garbage company ☐
☐ Check No.	Entered contact # in database ☐
☐ Money Order No.	
☐ Online Conf. No.	