

CITY OF LUTHERSVILLE WATER SYSTEM APPLICATION

104 Wortham Road

PO Box 10

Luthersville, Ga 30251

Phone: 770-927-6885 ~ Fax: 770-927-9309

Name: _____

Social Security Number: _____ Driver's License Number: _____

Telephone Numbers - Home: _____ Work: _____ Cell: _____

Property Address: _____

Billing Address: _____

Note: Garbage Service is required for all water accounts within the city limits. A trash container will be provided.

Have you had water service before with the City of Luthersville? Yes: _____ No: _____

I, _____ fully understand that I am responsible to the City of Luthersville for all charges for all water that flows through my meter and for continuous garbage service. I will remain responsible until I have personally contacted City Hall to complete a disconnect request form and a final meter reading and final bill.

Signature of Applicant

Date

RENTAL'S ONLY
Landlord's information must be provided

NAME: _____

PHONE NUMBER: _____

ADDRESS: _____

CITY: _____ STATE : _____ ZIP: _____

OFFICE USE ONLY

Account# _____ Service: Residential _____ Business _____

Amount of Deposit: _____ Date Paid: _____ Cash: _____ Check #: _____

Meter #: _____ Initial Meter Reading: _____

Previous Tenant: _____

New Meter Tap Fee: _____ Paid: _____ Cash: _____ Check#: _____