



**Service Application**  
Sanitation and Street Lights  
P.O. Box 46  
1114 Richard D. Sailors Pkwy.  
Powder Springs, GA 30127  
Office (770) 943-1666 Email: [UBClerk@cityofpowdersprings.org](mailto:UBClerk@cityofpowdersprings.org)

Applications will not be accepted without the following information:

1. **Valid Picture Identification** – Driver's license, state ID or passport.
2. **Rental or Lease Agreement** – If you do not own the property where service will be established.
3. **Settlement Statement or Closing Disclosure** – If you purchased or own the service location.
4. **Deposit Required** – By cash, credit/debit card or money order.

**PLEASE PRINT**

Account # \_\_\_\_\_

Service location: \_\_\_\_\_

Mailing address if different from above: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SS# \_\_\_\_\_ Dr. Lic# \_\_\_\_\_ ST \_\_\_\_\_

Have you previously had service with the City of Powder? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list address(es): \_\_\_\_\_

Co-applicant: \_\_\_\_\_ SS# \_\_\_\_\_

Account balances are due 45 days from the statement date. Failure to receive a bill does not relieve customer of obligation to pay by the due date. If the current balance goes unpaid by the current due date a 10% late charge will be applied. Accounts are considered delinquent once the past due balance is not paid by the current due date. Delinquent accounts will incur fees and/or termination of service. Applicant is responsible for all charges until he/she requests service to be terminated.

Per Powder Springs Ordinance, there will be a charge for returned checks. Repayments of returned checks are by cash, credit/debit cards or money order only.

By signing, the applicant understands and hereby agrees to the following: (1) falsification of any of the above information may result in immediate termination of service without notice; (2) failure to pay account in accordance with the City of Powder Springs' policies will result in termination of service; (3) failure to pay final bill balances on a closed account will result in submission to a collection agency, charges and collections costs will incur at the cost of the applicant; (4) no adult person living in my household has an outstanding balance owing the City of Powder Springs; and (5) I agree to follow all City Ordinance as they pertain to provided services.

|                         |                         |                      |
|-------------------------|-------------------------|----------------------|
| <b>OFFICE USE ONLY:</b> | City Limits (Y/N) _____ | Collection Day _____ |
| Account No. _____       | Entered by _____        |                      |

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Original Copy – Office record

Yellow Copy – Applicant