City of Pembroke	Utility Service Application	
P.O. Box 130 Pembroke, Georgia 31321	<mark>\$150.00 Deposit Required - \$15.00 Administrative Fee</mark> Photo ID Required	
Customer Name		
Desired Connection Date		
Service Address		
Mailing Address if Different from Above		
-	Phone Number	
Name/Address/Phone Number of Nearest Rel	ative	
	Pa	
Employer	Phone Number	
Will you Own or Lease this Property?		
Landlord	Phone Number	
"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the rate/national origin of individual applicants on the basis of visual observation or surname."		
Gender	Male or Female	
White, not of Hisp <mark>anic origin</mark> American Indian or <mark>Alaskan native</mark>	Black, not of Hispanic origin Hispanic Asian or Pacific Islander Other	
"This is an Equal Opportunity Program. Federal Law prohibits discrimination. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, DC 20250."		
PEMBROKE FOR THE PURPOSE SHOWN HEREON, AN REGULAR SCHEDULE OF RATE, AND TO COMPLY WITH OF THIS AGREEMENT. I AGREE TO CLAIM NO DAM RESULTING FROM ACCIDENT, OR WHERE NECESSARY TO KEEP ALL PLUMBING AND FIXTURES ON MY PREMI TO PAY THE WATER RENT AND SEWER CHARGE FOR T OF PEMBROKE UNTIL I ORDER THE WATER CUT OFF, C FURTHER AGREE AND GRANT TO THE CITY OF THE AU PROPERTY AT ALL HOURS FOR THE PURPOSE OF I READING AND TESTING METERS OR FOR ANY OTHE FACILITIES AND THE SEWER SERVICE AND ITS FAC PURPOSE OF INGRESS, EGRESS AND REGRESS IN AND	PLIED WITH WATER AND/OR SEWER SERVICE BY THE CITY OF D NONE OTHER, FOR WHICH I AGREE TO PAY MONTHLY AT THE THE RULES AND REGULATIONS OF THE CITY, MAKING THEM A PART IAGE ON ACCOUNT OF THE STOPPAGE OF THE FLOW OF WATER TO MAKE ALTERATIONS, REPAIRS OR IMPROVEMENTS, AND I AGREE SES IN REPAIR AND PROMPTLY STOP ALL LEAKS. I FURTHER AGREE HE PREMISES SUBSCRIBED FOR BY ME AT THE OFFICE OF THE CITY OR GIVE NOTICE TO THE CITY OF REMOVAL FROM SAID PREMISES. I THORITY OR ITS DULY AUTHORIZED AGENT TO HAVE ACCESS TO MY NSTALLING OR REMOVING CITY PROPERTY, INSPECTING PIPING, R PURPOSE IN CONNECTION WITH THE WATER SERVICE AND ITS ILITIES. THE RIGHT HERIN GRANTED IS SPECIFICALLY FOR THE OVER SUCH PORTIONS OF MY PROPERTY AS DEEMED NECESSARY BY AID SEWER AND WATER SYSTEMS. I FURTHER UNDERSTAND THAT ISES WITHOUT NOTICE TO ME.	
Signature	Date	
FOR	OFFICE USE ONLY	

FOR OFFICE USE ONLY			
Deposit Collected by	Date Collector	ed	
Check No. Credit Card	Auth. No Receipt No	Delinquent Account	
		\Box Yes \Box No	
Account No Route/Sequence I	No Meter No W	Work Order No	