

**City of Pembroke**  
P.O. Box 130  
Pembroke, Georgia 31321

**Utility Service Application**  
**\$150.00 Deposit Required - \$15.00 Administrative Fee**  
Photo ID Required

Customer Name \_\_\_\_\_

Desired Connection Date \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address if Different from Above \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Name/Address/Phone Number of Nearest Relative \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Will you  Own or  Lease this Property? **Verification is required.**

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 race/national origin of individual applicants on the basis of visual observation or surname.”

**Gender  Male or  Female**

**White, not of Hispanic origin**       **Black, not of Hispanic origin**       **Hispanic**   
**American Indian or Alaskan native**       **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.”

THE UNDERSIGNED HEREBY REQUESTS TO BE SUPPLIED WITH WATER AND/OR SEWER SERVICE BY THE CITY OF PEMBROKE FOR THE PURPOSE SHOWN HEREON, AND NONE OTHER, FOR WHICH I AGREE TO PAY MONTHLY AT THE REGULAR SCHEDULE OF RATE, AND TO COMPLY WITH THE RULES AND REGULATIONS OF THE CITY, MAKING THEM A PART OF THIS AGREEMENT. I AGREE TO CLAIM NO DAMAGE ON ACCOUNT OF THE STOPPAGE OF THE FLOW OF WATER RESULTING FROM ACCIDENT, OR WHERE NECESSARY TO MAKE ALTERATIONS, REPAIRS OR IMPROVEMENTS, AND I AGREE TO KEEP ALL PLUMBING AND FIXTURES ON MY PREMISES IN REPAIR AND PROMPTLY STOP ALL LEAKS. I FURTHER AGREE TO PAY THE WATER RENT AND SEWER CHARGE FOR THE PREMISES SUBSCRIBED FOR BY ME AT THE OFFICE OF THE CITY OF PEMBROKE UNTIL I ORDER THE WATER CUT OFF, OR GIVE NOTICE TO THE CITY OF REMOVAL FROM SAID PREMISES. I FURTHER AGREE AND GRANT TO THE CITY OF THE AUTHORITY OR ITS DULY AUTHORIZED AGENT TO HAVE ACCESS TO MY PROPERTY AT ALL HOURS FOR THE PURPOSE OF INSTALLING OR REMOVING CITY PROPERTY, INSPECTING PIPING, READING AND TESTING METERS OR FOR ANY OTHER PURPOSE IN CONNECTION WITH THE WATER SERVICE AND ITS FACILITIES AND THE SEWER SERVICE AND ITS FACILITIES. THE RIGHT HERIN GRANTED IS SPECIFICALLY FOR THE PURPOSE OF INGRESS, EGRESS AND REGRESS IN AND OVER SUCH PORTIONS OF MY PROPERTY AS DEEMED NECESSARY BY THE AGENTS OF THE CITY FOR THE OPERATION OF SAID SEWER AND WATER SYSTEMS. I FURTHER UNDERSTAND THAT THE CITY MAY CUT OFF THE WATER FROM SUCH PREMISES WITHOUT NOTICE TO ME.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Deposit Collected by \_\_\_\_\_ Date Collected \_\_\_\_\_

Check  No. \_\_\_\_\_  Cash     Credit Card    Auth. No. \_\_\_\_\_    Receipt No. \_\_\_\_\_    Delinquent Account  Yes  No

Account No. \_\_\_\_\_    Route/Sequence No. \_\_\_\_\_    Meter No. \_\_\_\_\_    Work Order No. \_\_\_\_\_