



CITY OF GROVETOWN

103 Old Wrightsboro Road
P. O. Box 120
GROVETOWN, GEORGIA 30813



Account #: _____ Route #: _____ Sequel #: _____

OFFICE USE ONLY	
DATE SET UP FEE PAID: _____	SET UP FEE AMOUNT: _____

APPLICATIONS AND RULES FOR WATER/SEWER/GARBAGE SERVICE

1. Bills are mailed out approximately the 28th of each month. Customer not receiving bills by the 5th of the month should contact City Hall (706) 863-4576. The Customer is responsible for bills not received.
2. Bills are due and payable on the 5th of each month. Failure to pay your bill by the 15th of the month will result in a 10% penalty added to the bill. If bill is not paid by the close of business on the 20th of the month, services will be disconnected. You will be required to pay bill in full plus \$25.00 service charge and if necessary, an addition deposit will be collected. **NO SECOND NOTICES OR CUT OFF NOTICES WILL BE GIVEN.**
3. All new accounts, regardless of having previous service with the city at any time, are required to pay a set up fee. **All unpaid and past due balances will be turned over to a collection agency and subject to any penalties or fees that apply.**
4. City Residents Only: contractor will pick up Garbage on Tuesday or Wednesday. Garbage needs to be placed curbside before 7 am on day of pickup. **PLEASE PUT CANS OUT THE NIGHT BEFORE PICK UP IF POSSIBLE.** Recycling is picked up on Wednesday.
5. A \$25.00 service charge is added to all returned checks. Returned checks need to be picked up with cash, bank issued check, or money order.
6. The City of Grovetown is not responsible for any water lost after water has been turned on at customer's request. Customer should arrange to be present at time water service is connected.
7. Tampering with the meter is in violation of City Ordinance. This will result in a fine and/or legal action.
8. Residents 65 years or older are entitled to reduced garbage collection. Please advise the customer service.

I HAVE READ THE ABOVE RULES AND REGULATIONS RELATING TO THE WATER & SEWER ORDINANCE.

CUSTOMER SIGNATURE: _____

CUSTOMER NAME (print): _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER : _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ DATE TO BEGIN SERVICE: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____