

**CITY OF COMER WATER, SEWER, AND GARBAGE  
APPLICATION FOR SERVICE**

**City of Comer  
PO Box 65  
Comer, GA 30629**

Date : \_\_\_\_\_

Name of Account: \_\_\_\_\_

Mailing Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number : \_\_\_\_\_

Property Owner : \_\_\_\_\_

Service Location: \_\_\_\_\_

Someone from the city will cut water on at this service location. Should they suspect a leak on the customer side of the meter they will not leave the water on. If a family member is at the service location that family member will be given the opportunity to determine if it is something that can be corrected immediately. If no one is available or the leak cannot be corrected immediately the water will not be left on. Your signature below indicates you understand this information.

Further, your signature below indicates that no adult member of your household currently has any outstanding water, sewer or garbage balance due and payable to the City of Comer and, if it is discovered that such is the case, water, sewer and garbage pickup service will immediately be discontinued.

Further, your signature below indicates that you agree to promptly pay all fees for water, garbage, and/or sewer service as prescribed by the Code of the City of Comer and that failure to remit payments in a timely manner will result in discontinuance of service, additional fees to reestablish service and possible additional security deposits. Returned checks will be assessed a fee in the amount of the greater of \$30 or 5% of the amount of the check plus any charges assessed against the City of Comer by the bank as a result of the returned check. In addition water, sewer, and garbage service will be subject to immediate disconnection or discontinuance.

Currently, applicants must pay a security deposit in the amount of \$50 plus an account activation fee in the amount of \$25 payable before service is initiated.

**Applicant's Signature:** \_\_\_\_\_

\*\*\*\*\*

**Reading** \_\_\_\_\_ **Account # Assigned** \_\_\_\_\_

**Service Approved:** \_\_\_\_\_ **Disapproved:** \_\_\_\_\_

**If Disapproved, Below indicate reason(s).**

\_\_\_\_\_  
\_\_\_\_\_

**Signature and Title of Official:** \_\_\_\_\_