



CITY OF HAMPTON

Today's Date: _____

NEW UTILITY SERVICES APPLICATION AND AGREEMENT

Please provide proof of ownership (i.e.. deed, lease, rental agreement), a valid photo ID, Letter of Credit (not required) and have your deposit ready.

*****This form MUST be completed in its entirety.*****

APPLICANT: PROPERTY OWNER TENANT MANAGEMENT COMPANY
(Please Check)

Is this a Landlord Account? Yes No

If renting, please provide the following information:

Landlord Name: _____ Landlord Phone #: _____

APPLICANT INFORMATION (Co-Applicant Information on back page)

Service Request Date: _____ Drivers License #: _____ DOB: / /

Customer Name: _____ Last 4 of SS #: _____

Email Address: _____ Phone #: _____

Service Address: _____

Mailing Address: _____

(Only if different from above)

Employer's Name: _____ Phone #: _____

RESIDENTIAL GARBAGE ADD-ONS (FOR COMMERCIAL RATES ASK CUSTOMER SERVICE)

Weekly garbage pickup is \$18.50 per month.

Optional extra garbage Can is \$13.00 per month. Yes No

Please see New Customer Packet for your specific garbage pick up day and information.

LEAK PROTECTION PROGRAM ***Water/Sewage Residents Only***

The cost is an additional \$2.00 a month for Residentail customers (subject to change at any time)

If there is a leak on the customers side, the city will do a one time a year 6-moth adjustment on water and sewage. If the customer does not have leak protection the customer will be responsible for any water and sewer charges used. See additional form for detials.

Yes, I would like to sign up for Leak Protection _____

No, I would not like to sign up for Leak Protection _____

PLEASE CONTINUE 

NEW UTILITY SERVICES AGREEMENT

Release of Liability : Before the City of Hampton can turn on electricity and/or water, please make sure all water connections and electrical connections are turned OFF.

Initials: _____

I understand that failure to pay on or before the 10th of the month will result in an immediate 10% late fee and disconnection of services with a \$25 disconnect and a \$25 reconnect fee. If services have been disconnected, all monies owed on the account must be paid for in full before services will be restored.

When I move, I will notify the City of Hampton as soon as possible. I will complete the City's disconnect form and have my final bill sent to my forwarding address. I will be responsible and billed for any services used since the last billing cycle. I agree to pay the billed balance within 45 days or I will be sent to collections.

I agree to abide by the rules and regulations of The City of Hampton's Electric, Water, Sewage, and Garbage Department (found in the New Resident Information Packet). I also confirm that a New Resident Information Packet was received and by signing below I confirm that the information stated on this application is true and correct.

APPLICANT SIGNATURE: _____

CO-APPLICANT INFORMATION (OPTIONAL)

A co-applicant is another person whose name is on the bill. They also have access to the account and all of the account information.
Co-applicant MUST be present at the time of service connection.

CO-APPLICANT NAME (Print): _____

CO-APPLICANT SIGNATURE: _____

Last 4 of SS #: _____ Drivers License #: _____ DOB: / /

Email Address: _____ Phone #: _____

**CITY OF HAMPTON
P. O BOX 400
HAMPTON, GA. 30228**

AGGREEMENT FOR LEAK PROTECTION PROGRAM

The City of Hampton is offering an optional leak protection program for its water and sewer customers, both residential and commercial, who use an average of less than 12, 000 gallons per month.

The City of Hampton will assume responsibility for water/sewage used during an event of a water leak. You, the Customer, would not be responsible for the amount of water loss; provided, however, the leak was not caused by the customer's own actions or negligence or that of their agents. The adjustment will be based on a 6 month average.

You, the Customer, or property owner are responsible for the costs of any and all plumbing repairs.

You, the Customer, or property owner must provide the City of Hampton with a repair bill or receipt showing repairs were made prior to any adjustments being applied to the account.

This contract will become effective 30 days after the date signed. No preexisting leaks will be considered for reimbursement.

A limit of one (1) leak adjustment will be covered in a 12 month period.

I, _____, enter into a Leak Protection Program, for my

address at _____, with the City of Hampton, effective

30 days from today, _____. I agree to continue this

contract for a period of no less than 120 days, at which time, I can simply call at any time to

discontinue service if I so desire.

***** *Office Use Only* *****

_____ Customer Account Number

_____ Employee Initials

Added Service to account

Entered into spreadsheet