

**HOMEOWNER APPLICATION
FOR
WATER AND/OR SEWER SERVICE
FROM THE TOWN OF BRASELTON**

Date: _____ Owner _____ Renter _____

Date to Start Up Service: _____

Customer Name: _____

Service Address: _____

Subdivision Name: _____ Lot or Apt. #: _____

Landlord: _____ or Builder: _____

Billing Address: _____

City, State & Zip: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Driver's License #: _____

Meters are read by the 15th of each month, billing is sent out approximately one week before the first of the following month. Bills which are not paid by the due date will have a 10% penalty applied. Cut off notices are mailed on past due balances not paid by the due date and the meter will be cut off if past due balance is not cleared up within ten days of the due date.

By signing this, I understand the above and agree with the conditions.

signature

date

OFFICE USE ONLY

Return completed application and deposit check to:

Town of Braselton
P.O. Box 306
4982 Highway 53
Braselton, Georgia 30517

706-654-3915
706-654-9100 (fax)
watersewer@braselton.net

Account: _____
Water deposit: \$ _____
Sewer deposit: \$ _____
Receipt Number: _____

WHITE COPY-CUSTOMER FILE
PINK COPY-DAILY DEPOSIT

