



# City of Cochran

P. O. Box 8  
Cochran, GA 31014  
Office (478) 934-6346 Fax (478) 934-3230

Completed application and fees are required at the time of submittal;  
Failure to provide this information will delay the processing of this application

## OWNER'S APPLICATION FOR CITY SERVICES

Previous/ Current Account # \_\_\_\_\_ LOC # \_\_\_\_\_

I hereby apply for services provided by the City of Cochran on **Effective Date:** \_\_\_\_\_

**Monthly Bill:** Mailed Out: \_\_\_\_\_ Due By: \_\_\_\_\_

**Services Needed:** GARBAGE\_\_ GAS\_\_ SEWER\_\_ SPRINKLER\_\_ WATER\_\_

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

**RESIDENTIAL** \_\_\_\_\_ | **COMMERCIAL** \_\_\_\_\_

**FEES:** Water \$ \_\_\_\_\_ | Gas \$ \_\_\_\_\_

**Owner/s Name:** \_\_\_\_\_

**C/O Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Driver's License#** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**Contact Numbers:** **Cell:** \_\_\_\_\_ **Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**EBILL:** (YES/NO)

**EMAIL:** \_\_\_\_\_

**AUTOMATIC BANK DRAFT:** (YES/NO)

### POLICY:

I understand the Connect Fee is \$35 and I will be billed for all usage including any additional services, such as Gas, Sewer & Garbage service, including all usage over the \$26 minimum balance. Therefore, if the water usage falls **below** the \$26 min amount (1,000 gallons) then you will only be billed the base rate amount. Secondly, if the water usage **above** the \$26 min amount (1,000 gallons) then you will be billed for all consumptions. Finally, for Gas usage, all consumption will be billed for the services that were used. Also, depending on whichever day the 10<sup>th</sup> falls on. I also understand that my bill will be **due each month by the 10<sup>th</sup>** and if it is not paid by this day, then a **10%** Late penalty fee will be applied towards the remaining balance. This will be applied on all City Utility Bills on the next business day, which falls on the **11<sup>th</sup> of each following month**. Furthermore, I also understand that failure to pay in full towards my ending balance by the 20<sup>th</sup> during the same month will be a result of my services being locked until the entire bill has been paid in full including a Re-Connect fee of \$25.00 as well. **Note: If you relocate, move, get disconnected due to non-payment or no longer need City services, then, it is your responsibility to come in the office to terminate services. If you fail to do so then you will continue to be billed the base rate plus the 10% Late fees.**

 **Signature:** \_\_\_\_\_

By initialing here, you are hereby stating that you are aware of all the terms and accepting them: \_\_\_\_\_ 

CSR: \_\_\_\_\_