

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

RENTAI	APPI ICA	TION FOR	CITY	CERVICES

Previous/ Current Account #		LOC #		
I hereby apply for services provide	d by the Cit	y of Cochran on <mark>Effective D</mark>	ate:	
Monthly Bill: Mailed o	ut :	Due By :	a monda mona	
Services Needed: GARBAG	E GAS	SEWER_ SPRINKLER	WATER	
Service Location:				
RESIDE	NTAL	COMMERCIAL		
FEES: Deposit	Wate	er \$ Gas \$		
Tenant 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	S/NO)			
POLICY:				
I understand that depending on whichever	•			
10^{th} and if it is not paid by this day, then a				
balance. This will be applied on all City Ut		* *		
each following month. Furthermore, I also		* *		
balance by the 20th during the same month				
has been paid in full including a Re-Conne				
longer need City services. Then, it is your				
you fail to do so, then you will continue to			e fees.	
Signature:				
By initialing here, you are hereby stating that	it you are awa	are of all the terms and accepting	1g them: 🐗	
			CSR	