

For Office Use Only:	
Account #	CSR:
Deposit: \$	Connect Date:
Rec #: Gas Form ☐ HD ☐ Pamphlet ☐	

Phone: 770-385-2000 Fax: 770-385-2060		
Application for Residential Utilities		
Name of Applicant:		
Service Address:		
SS#://	Driver's License #:	
Date of Birth:	Phone #:	
Employer:	Phone #:	
Commercial Utility Service		
Name of Business:		
Federal Tax ID#:	ederal Tax ID#: Business Phone #:	
Service(s) Requested		
Electric □ Gas □ Water □ Sewer	☐ Security Lights ☐ Sanitation — required inside city limits	
Have you ever had services with City of Covington before? Yes No		
If yes, what address?		
 I have applied for utility services with the City of Covin my credit report is essential in determining the amoun City's installed property on my premises. Accordingly, accordance with the city ordinance, Sec. 13.04.100, Cr I understand and have received a copy of the City of Coduce dates and delinquent dates, penalty and discontin As a new customer, I understand that in order for the City may contact me by any means of communication 	gton, Georgia. As part of the application process, I understand that a review of at of deposit necessary to guarantee payment of utility bills and to protect the I authorize the City of Covington to obtain a copy of my credit report in edit regulations; Application for service. ovington, City Ordinance, Sec. 13.04.100, meter reading and billing, payment uance for nonpayment; reconnections. City to service my account or to collect any amounts that I may owe, that the that I have provided above. Including but not limited to text messages that ods of contact may include using pre-recorded or artificial voice messages	