

CITY OF CLAXTON
Post Office Box 829
206 West Railroad Street
Claxton, GA 30417
Telephone (912) 739-1712, EXT 10 Fax (912) 739-0442

**CUSTOMER APPLICATION
UTILITY SERVICES**

Date: _____

Natural Gas:
Sewer: Sewer Tap:
Water: Water Tap:
Intown: Outer Town:

Name: _____ Social Security #: _____ Own: Rent:

Email Address: _____

Driver License #: _____ Attach a copy of Driver License and Social Security Card)

Mailing Address: _____

Street Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Name of Nearest Relative: _____

Address of Nearest Relative: _____

City: _____ State: _____ Zip: _____ Relative Phone: _____

Have you ever had gas services with the City of Claxton before: Yes: No: Natural Gas Services: _____

Service for: Residential: Business: Other: Type of Home: _____

Type of Billing: Mail: EBill: Auto Pay: (Attach voided check)

The undersigned hereby requests to be supplied with natural gas services by the City of Claxton for the purpose shown hereon and none other for which I agree to pay monthly at the regular schedule of rate, and to comply with rules and regulations of the city, making them a part of this agreement. I agree to call Claxton Natural Gas if any gas leaks are suspected or detected. I further agree to pay all utility charges for the premises subscribed for me at the office of the City of Claxton until I order such utilities cut off or give notice to the city of removal from said premises. I further agree and grant to the City of Claxton to have access to my property at all hours for the purpose of installing or removing city property, inspecting piping and or lines, reading and testing meters or for any other purpose in the purpose of ingress, egress and regress in and over such portions of my property as deemed necessary by the city for the operations of said gas lines.

Date: _____, 20____ Signature: _____

For Office Use Only:

Account No: _____ Route/Sequence No. _____ Gas Meter No. _____
Deposit Amounts: _____ Transfer: _____ Receipt No. _____ Work Order No: _____
Received by: _____