



City of Dawsonville Water & Sewer Authority
 415 Hwy 53 E, Suite 100
 Dawsonville, GA 30534
 Phone #: (706)265-3256 Fax #: (706)265-4214
 Email: water@dawsonville-ga.gov

Application for Garbage

Name: _____ Date for Service Activation: _____
 Name: _____ Email Address: _____
 Service Address: _____ Subdivision: _____
 Mailing Address: _____ City, State, Zip: _____
 Phone #: _____ Cell Phone #: _____ # in Household: Adults: _____ Children: _____
 Drivers License # _____ State _____ Social Security #: _____ Birthdate: _____
 Employer: _____ Work Phone #: _____
 Name of Emergency Contact: _____
 Emergency Contact Address: _____ Telephone: _____

Do you agree to pay for the weekly City Garbage Service \$13.25/month Due Upon Bill Receipt? YES NO

- Each customer will be billed for the previous month's garbage service.
- **The customer will be responsible for that month's bill whether they receive a bill or not.**
- Please contact City Hall at (706)265-3256 if you do not receive a bill.
- Payment for Garbage Service is due upon receipt each month. A 10% late fee penalty is charged on all late payments after the fifteenth (15th) of each month.
- **When I move, I will notify the City Water Dept. in writing at least three (3) days in advance for a termination form.**
- **\$25.00 deposit** required at the time this application is made.
- All Returned Checks will have a **Returned Check Service Charge of \$25.00**
- **All fees and rates are subject to change.**

_____ **Applicant's Signature**

_____ **Date**

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname."

Ethnicity: Hispanic or Latino Not Hispanic or Latino **Gender:** Male Female
Race: (mark 1 or more) White Black or African American American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander

"This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave., SW, Washington, D.C. 20250-9410."

Office Use Only:

Date Paid:		Set on Garbage Lists <input type="checkbox"/> <input type="checkbox"/> Date: By:
Cash / Check #	Garbage Can #	In Computer / On List <input type="checkbox"/> <input type="checkbox"/> Date: By:
Account #	Route-Meter #	<input type="checkbox"/> <u>If Commercial Application:</u> Need Approval by Planning Dept.
<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Garbage	<input type="checkbox"/> Inside <input type="checkbox"/> Outside	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial