

ONLINE ACCOUNT SET UP



Service Fee: \$15.00

Deposit Amount: \$ _____

Email: _____

Pin/Password _____

**Fort Valley Utility Commission
Application for Service**

New Service _____ **New Account #** _____

Transfer Service _____ **Old Account #** _____

Electric _____ **Water** _____ **Gas** _____

Will You be Paying Via Bank Draft? Yes _____ No _____

Address Where Service is Requested:

Address Where Bill is to be Mailed:

City State Zip

City State Zip

Date service is requested to be connected: _____

Applicant's Name _____

Phone # (Home) _____ Cell # _____

Driver's License # _____ SSN# _____

Employer _____ Work Phone # _____

Employer's Address _____

Spouse's Name _____

Wife's Maiden Name _____

Spouse SSN# _____ Spouse Driver License # _____

List other persons sharing this residence where service is requested and paying their part of the bill.

If you are not the home owner, list property owner / landlord information.

Property Owner / Landlord's Name Property Owner / Landlord's Phone Number

Questions / Information

1. Have you had utilities with the Utility Commission before?
Yes _____ No _____

2. If yes, what name were they in? _____

3. At what address? _____

4. **Is this a service transfer request?** Yes _____ No _____

What date do you want services disconnected? _____

(SEE REVERSE SIDE)

5 We offer fiber optic services to many commercial customers. Advise if interested.

Yes _____ No _____

6 **65+ Discount Program**

Residential utility customers who are 65 years old (or older) qualify for a discount on electric, water, wastewater, gas, and telecom services. The Utility Commission reserves the right to change the discount rate at any time. Please advise if you are eligible for the discount.

Yes _____ No _____

7 **Fort Valley Cares Program (Round-Up Plus 1)**

The Fort Valley Cares Program has provided assistance since 1998 to eligible applicants. The Utility Commission has established a policy where customers bills are rounded up to the nearest dollar plus an additional dollar added to that amount. **All Contributions are tax deductible.**

Customers are automatically enrolled unless opting out below.

I would like to opt out of the Round-Up Plus 1 program.

Customers can contribute an additional amount:

I authorize the Utility Commission to add the following amount to my bill each month in addition to the Round-Up Plus 1: **(please circle one)**

\$1 \$5 \$10 **Other** _____

Note: You can withdraw from either program at any time by contacting Customer Service.

By completion of this Application for New Service or Transfer Request form, I am assuming responsibility for payment of any services provided by the Utility Commission. I understand it is my responsibility to notify the Utility Commission when service is to be disconnected. Any charges up to the date of notification received by the Utility Commission will be my responsibility.

I authorize this facility along with any billing service, their collection agency or attorney who may work on their behalf, to contact me on my cell phone and/or home phone using pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication.

NOTE: This application authorizes the Utility Commission to conduct a credit check. _____

Applicant's Signature: _____

Printed Name: _____

Date: _____

(This Area for Office Use Only)

Date Work Order Processed: _____

Customer Service Representative: _____