

**CITY OF BLAIRSVILLE WATER SERVICE**

**PLEASE PRINT**

Service Address \_\_\_\_\_, Blairsville, GA 30512

Owner (\$100 Deposit) \_\_\_\_\_ Tenant (\$150 Deposit) \_\_\_\_\_

Account Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

(if different from Service Address)

Telephone # \_\_\_\_\_

DL # \_\_\_\_\_ DOB \_\_\_\_\_

Last 4 of SS # \_\_\_\_\_ Date Service Requested \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form can be faxed to 706-745-7326 or email to [cashreceiving02@blairsville-ga.gov](mailto:cashreceiving02@blairsville-ga.gov).**

**Payment can be made by check, by phone by calling 706-745-2000 or online at Blairsville-ga.gov.**

**OFFICE USE ONLY**

Account No. \_\_\_\_\_ Meter Serial No. \_\_\_\_\_

Deposit Type      Owner (\$100) \_\_\_\_\_      Tenant (\$150) \_\_\_\_\_

Is Meter Locked? Yes / No      If yes, additional \$40 to be paid

Amount Paid \$ \_\_\_\_\_      Date Paid \_\_\_\_\_      Method \_\_\_\_\_

Meter Reading \_\_\_\_\_      Date \_\_\_\_\_      Read by \_\_\_\_\_