



CITY OF NORCROSS APPLICATION FOR RESIDENTIAL UTILITY SERVICE

NEW APPLICATION FOR SERVICE: YES NO Email Address: _____

OR

TRANSFER SERVICE: YES NO TRANSFER ACCOUNT #: _____

DATE OF APPLICATION: _____ SERVICE EFFECTIVE (NEXT DAY): _____

NAME OF APPLICANT: _____ HOME TEL. #: _____

PRINT NAME OF APPLICANT: _____ CELL TEL. #: _____

SERVICE ADDRESS: _____

CITY, STATE & ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM SERVICE ADDRESS): _____

SSN OR FED TAX ID NO: _____ * D.O.B: _____

SR. CITIZEN QUALIFIES FOR SENIOR CITIZEN DISCOUNT: YES NO

EMPLOYER: _____ EMPLOYER ADDRESS: _____

EMPLOYER PHONE #: _____

ANY ADDITIONAL PERSON (S) AUTHORIZED TO MAKE CHANGES ON ACCOUNT:

(PLEASE INDICATE NEXT TO EACH NAME WHAT RELATIONS THEY ARE TO YOU)

CONTACT PERSON IN CASE OF EMERGENCY: _____

(PLEASE INCLUDE A VALID PHONE NUMBER AND ADDRESS)

*USED TO DETERMINE ELIGIBILITY FOR SENIOR CITIZEN DISCOUNT (62 AND OVER PROPERTY OWNER RESIDING IN THE PROPERTY). THE SIGNEE APPLYING FOR UTILITY SERVICE FROM THE CITY OF NORCROSS CERTIFIES THAT HE/SHE HAS BEEN MADE AWARE OF THE CODES GOVERNING UTILITIES SET FORTH BY THE CITY ORDINANCE AND AGREES TO COMPLY WITH THEM.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

FOR OFFICE USE ONLY:

DEPOSIT AMOUNT:

ELECTRIC: \$ _____

DUMPSTER: \$ _____

TOTAL PAID: \$ _____

RECEIPT NUMBER: _____

NAME OF EMPLOYEE ACCEPTING APPLICATION: _____



GENERAL GOVERNMENT ADMINISTRATION DEPARTMENT

DEAR NEW UTILITY CUSTOMER:

Welcome to the City of Norcross. The choice you have made to reside here is an excellent one and we hope you will like it here. It is necessary to inform you that prompt and full payment is required once you receive your utility bill. This is required in order to pay our suppliers and to ensure that rates do not go up for our paying customers.

Attached are the general provisions that cover utility services. We would like you to take a few moments to review this page. If you have any questions, please ask. New accounts will be subject to a one time \$40.00 connection charge on the 1st bill. The most important point to remember is payments are due by the 15th of the month (or other due date specified on your bill) and a late fee of 10% will be applied after that date. Failure to pay by 5:00pm on the due date will result in discontinuance of service after notice is served. The cost of serving you a notice will be an additional five (\$5.00) dollars. If payment has not been received by 10:00am on cut-off day, an additional fifty (\$50.00) dollars administration charge will be automatically added your account. If disconnecting services, you must do so in writing. You may find the disconnection form on our website or at our office. You are responsible for charges to your account until the disconnection form has been received.

If paying by mail, you must make sure our office receives your payment prior to the due date (postmark will not be recognized). We are not responsible for any payments that are not received on time due to problems with the mail. Also, if for some reason you do not receive a bill, you are still responsible for payment by 5:00pm on the due date. You may call our office if you do not receive a bill by the 2nd of the month or e-mail our office at GGA@norcrossga.net.

Once again, welcome to the City of Norcross and let us know of any problems, concerns or suggestions of how to better serve you.

Please check each box below indicating that you have read and understand the information contained in this letter:

- Payment is due by 5:00pm on the 15th (or other due date specified on your bill)
- Additional \$50.00 will be added on cut-off day if payment has not been received by 10:00am
- Mail received in the office after 5:00 pm on the due date regardless of postmark will be assessed late charges/notice fees.
- Not receiving my bill does not relieve me of my payment.

Please sign below stating you are familiar with the rules and provisions regarding the supply of utility services in the City of Norcross.

(Signature of Applicant)

Date: _____

(Print Name of Applicant)

GAS SOUTH

Establish Service Request Form

This form is used to establish natural gas service with Gas South, LLC.

Today's date: _____ Desired Turn on Date: _____

New Customer Name (this will be the name in which the gas service account will be established):

Phone Number:

Date of Birth:

e-mail Address:

Service Address:

Billing Address: (if different from one noted above)

Social Security Number:

Please choose ONE of the following rate plans.

- Introductory Variable Rate
- 12 Month Fixed Rate
- 6 Month Fixed Rate
- I am a Senior Citizen over the age of 65.

Please select ONE of the following options.

- Customer Will be Home
- Call 30 Minutes Before Service Appointment

Referring Rep

Gas South will use the above information to establish service in the customer's name.

I hereby authorize Gas South to be my natural gas company and enroll me on the selected Rate Plan or Pay-As-You-Go Variable Rate Plan, subject to credit approval. This offer is subject to Gas South's terms and conditions, including a credit check at the time of enrollment. By signing this document you hereby authorize Gas South to perform a credit check and establish your natural gas service with Gas South. Your customer service fee will be \$5.95 or \$9.95 per month (\$3.95 for qualified seniors), subject to credit approval. All residential rate plans are also subject to taxes and Atlanta Gas Light (AGL) charges. The start date is subject to acceptance by AGL. Customer will be provided with an enrollment package within seven days of Gas South's receipt of confirmation from AGL that service has begun with Gas South.

Printed Name

Signature of Applicant*

Date

Upon receipt, a Gas South representative will process the service request in accordance with our internal policies. We will contact the customer via email or phone to confirm the date and scheduled service activation. Gas South will also contact the customer in the event that we cannot accept the customer for service, or if we need additional information to complete the enrollment.