

**Office Use only**

Date Requested: \_\_\_\_\_

Work Order #: \_\_\_\_\_

Account #: \_\_\_\_\_

APPLICATION FOR NEW SERVICE  
CITY OF FAIRBURN  
56 MALONE STREET SW  
FAIRBURN, GA 30213



Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Customer's Name: \_\_\_\_\_

Meter Address: \_\_\_\_\_

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

Do you rent said property?  Yes  No (If Yes, please complete next line)

Landlord Name: \_\_\_\_\_ Landlord Phone Number: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
(Drivers Lic. /Photo Id#)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
(Social Security #)

**History**

Previous Address \_\_\_\_\_ How Long \_\_\_\_\_

**Employment Information**

Employers Name: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

**Spouse Information**

Spouse name: \_\_\_\_\_

\_\_\_\_\_  
(Drivers Lic/Photo Id#)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
(Social Security #)

Have you previously had utility service with the City of Fairburn?  Yes  No (If Yes, please complete next line)

Name on Account: \_\_\_\_\_

Previous Service Address: \_\_\_\_\_

*Application is hereby made for new service with the City of Fairburn, Georgia, and in consideration of said service being supplied by the said city, agreement is made to adhere to the rules and regulations of the City of Fairburn now in force or which hereafter may be adopted.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Account#	Delinq%	Deposit Amt	Receipt
Applied to Final Bill	Bal/Refund	Amt Trans'd	Customer ID#

Service Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_