

Water/Wastewater Department  
 Municipal Building  
 P. O. Box 579  
 203 N. Alexander St.  
 Toccoa, GA 30577  
 (706) 886-8451



City of Toccoa

**WATER/SEWER TAP APPLICATION**

**INSTRUCTIONS—PLEASE READ!** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Complete Application and mail or bring to City Hall. When fees have been paid, tap will be scheduled and you will be contacted with other details. Mail or bring payment to Customer Service at City Hall. We will also respond to denied applications. It is a violation of City ordinance to tamper with a meter; this includes turning it on or off.

**PROPERTY OWNER'S NAME:** \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_  
 FOR TAP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CURRENT RESIDENT IF OTHER THAN OWNER \_\_\_\_\_

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Legal Description of Property: Tax Map No. \_\_\_\_\_ Parcel No. \_\_\_\_\_ OR  
 Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_ in \_\_\_\_\_ County  
 OR Attach Copy of Deed or Plat to Application

**Service(s) Requested** (Check all applicable): ( ) WATER ( ) SEWER (Sewer Service is only available to Water Customers)

This application is made subject to the following terms and conditions, to-wit:

The Undersigned, his successors and assigns, agrees:

1. To pay to the City of Toccoa in accordance with the published schedule of fees for the installation of the tap and service, and to furnish without charge an easement for the right-of-way for any pipeline and appurtenances necessary for such installation and for maintenance and repair thereof.
2. To comply with all rules, regulations and policies of the City of Toccoa Water/Wastewater Department and to pay the monthly Utility bills as provided by the City in accordance with its regulations.
3. That the Utility service is limited to the use of only (1) one family dwelling house or commercial building.
4. To save and hold free of all damages the City resulting from the installation of the tap or the use thereof by the undersigned.
5. That in connection with the services to be performed, the City of Toccoa shall not be liable for damages to the dwelling or to any property of the applicant by reason of any action on the part of the authorities of the City of Toccoa, Stephens County, or of the State of Georgia, or their duly authorized officers, agents, or employees.
6. That the City of Toccoa shall determine when and where tap and service is to be located
7. To pay monthly bill for Utility from the time water or sewer tap installation is completed. If there is no usage, undersigned agrees to pay minimum bill, OR pay a one-time fee of \$50.00 to have service discontinued.
8. **To post Street number or Box number in a permanent, prominent location, such as on a mail box or posted on a section of angle iron.**
9. To install cut-off valve immediately beyond water meter and to install backflow preventer in sewer service line.

ACCEPTED AND AGREED TO BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Signature of Property Owner*

OFFICE USE ONLY						
SERVICE	APPROVED <small>(DATE)</small>	DENIED <small>(DATE)</small>	REVIEWED BY	TAP FEE	METER DEP.	TOTAL
WATER	_____	_____	_____	_____	_____	_____
SEWER	_____	_____	_____	_____	_____	_____

FINAL APPROVAL: \_\_\_\_\_ TOTAL AMOUNT DUE: \_\_\_\_\_  
 UTILITIES DIRECTOR (or Designee)

**"The following information is requested by the Federal Government in order to monitor compliance with Federal law prohibiting discrimination against applicants seeking to participate in this 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 the individual applicants on the basis of visual observation or surname."**

**Ethnicity:** Hispanic or Latino \_\_\_\_\_ **Gender:** Male \_\_\_\_\_  
 Not Hispanic or Latino \_\_\_\_\_ Female \_\_\_\_\_

**Race:** (Mark one or more)  
 White \_\_\_\_\_  
 Black or African American \_\_\_\_\_  
 American Indian/Alaskan 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, DC 20250-9410."**

# CITY OF TOCCOA

## Service Application for New Tap

**PLEASE RETURN SERVICE APPLICATION WITH  
WATER/SEWER TAP APPLICATION  
(2 APPLICATIONS REQUIRED FOR NEW TAP)**

### Requirements Checklist

- Attached Applications
- Warranty Deed, Sales Contract, Proof of Ownership or Lease
- ID's of parties on closing disclosure or lease agreement

Please provide all documents at the time of service request.  
Thank you!

For any questions, contact City of Toccoa Customer Service at  
706-282-3321

# CITY OF TOCCOA TNG - SERVICE APPLICATION: RESIDENTIAL/BUSINESS

<b>Applicant Name:</b> <small>Last, First, Middle Initial</small>	<b>Driver's License #:</b>
<b>Business Name:</b>	<b>Cell #:</b>
<b>Your Employer:</b>	<b>Phone # (Work):</b>
<b>Social Security #:</b>	<b>Email:</b>
<b>Spouse or Roommate Name:</b> <small>Last, First, Middle Initial</small>	<b>Spouse or Roommate SS#:</b>
<b>Spouse or Roommate Employer:</b>	<b>Spouse or Roommate DL#:</b>
<b>Spouse or Roommate Phone # (Work):</b>	<b>Spouse or Roommate Cell #:</b>
<b>Type of Service Requested: Check all that apply</b>	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Garbage
<b>NOTE: SERVICE ADDRESS MUST BE COMPLETE AND RESIDENCE MARKED APPROPRIATELY</b>	
<b>Service Address:</b> <small>Street Name &amp; Number</small>	<b>Phone # (Home):</b>
<b>City:</b>	<b>Inside City Limits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mailing Address:</b>	<b>Please Check:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <b>Please Check:</b> <input type="checkbox"/> House <input type="checkbox"/> MH <input type="checkbox"/> Apartment
<b>Nearest Relative Name and Address:</b>	<b>Relative Phone #:</b>
<b>Landlord's Name and Address:</b>	<b>Landlord Phone #:</b>
Have you had previous service with City of Toccoa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What name was your prior account in?	
Has City of Toccoa Business License been applied for: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (outside city limits)	

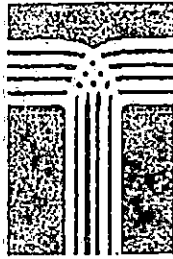
The above hereby applies for services from the City of Toccoa subject to the following terms and conditions:

1. Applicant agrees to pay to the City of Toccoa in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to comply with all of the City of Toccoa rules and regulations applicable to such services.
3. Applicant agrees to pay monthly utility bills as provided by the City of Toccoa within 20 days of the billing date. If there is no usage, applicant agrees to pay the minimum charge. Minimum gas charges will occur through the summer months. The City of Toccoa encourages pilot lights to remain on during the off season.
4. Applicant agrees that in connection with the services to be performed, the City shall not be liable for damages to the dwelling or to any property of the Applicant by reason of any action on the part of the City of Toccoa, Stephens County, or the State of Georgia, or their duly authorized officers, agents, servants, or employees.
5. Applicant agrees that the water or gas service to be rendered by the City is limited to use of only one (1) family dwelling house or commercial building without express written permission.
6. Applicant agrees not to tamper with the meter device in accordance with the City policy and ordinances. Applicant agrees to immediately contact the employees of the City in connection with any service problems or leaks which might occur.
7. The deposit collected is non-interest bearing. Deposits are applied to customer's account when it is terminated.

As stated above, I \_\_\_\_\_, apply for service with the City of Toccoa. I understand the terms and conditions which are a part of this application and agree to be bound by such terms and conditions.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_



## CITY OF TOCCOA SERVICE CONNECTION REQUIREMENTS

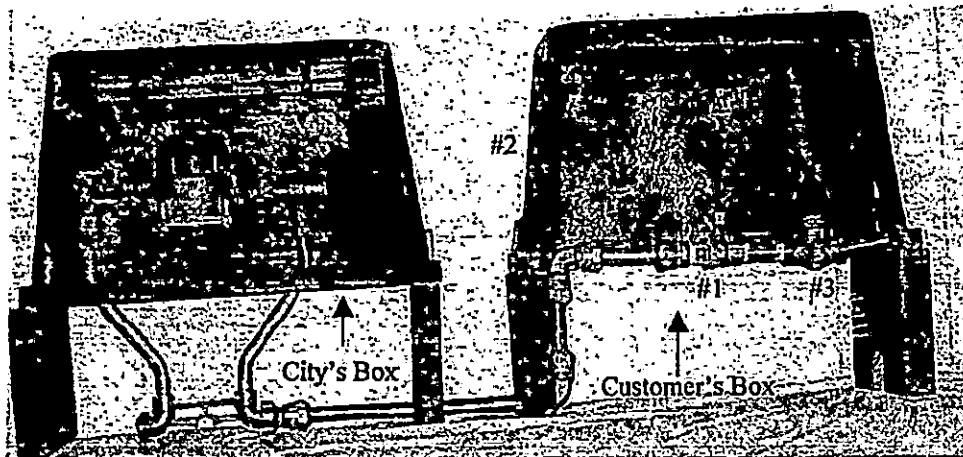
### REQUIRED:

#1 Hand operated Ball Valve (Brass or PVC)

#2 Fiber or metal box with lid

### RECOMMENDED:

#3 Watts 400 PSI Max pressure regulator (or equivalent)



### Meter Placement Policy

Whenever practical, water meters will be placed at one of the following locations listed or of the City's preference:

- Within 15 feet of the primary driveway
- Directly in front of the residence, meaning anywhere corner-to-corner, provided that the residence is visible from this location year 'round.
- Within 15 feet of the property corner, provided that the residence being served is visible from this location year 'round.

City personnel will meet with applicant to discuss possible locations and to agree on a location that is acceptable to both the City and the customer.

To assist the City in providing service, each customer must post and maintain the street address in a conspicuous location.