



City of Chickamauga  
P.O. Box 69 \* Chickamauga, Georgia 30707  
(706) 375-3177

CLEAR FORM

Download to your computer in PDF  
format to use auto Signature and Submit

### Utility Application

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Service Street Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Utility Company: \_\_\_\_\_

Employed By: \_\_\_\_\_ Occupation: \_\_\_\_\_

**SPOUSE INFORMATION**

Spouse Name: \_\_\_\_\_ Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Spouse Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

**PERSONAL REFERENCES**

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**GARBAGE SERVICE:** City residents will be charged a Monthly Fee and will be provided a standard city cart. Guidelines for solid waste are available upon request. Your household garbage will be picked up on one of the following day(s).

**Residential**

Monday

Tuesday

**Commercial**

Wednesday

Friday

**ELECTRIC SERVICE:** The customer MUST be present and MUST disconnect the Main Breaker. If Customer is not present, the city will NOT connect the electric service.

**WATER SERVICE:** The Customer MUST be present and make sure that all the water faucets are turned off. If the customer is not present the city will NOT connect water service.

Customers with delinquent utility account balances after disconnect are subject for referral to our collection agency. Such referrals will be required to pay all fees and cost associated with collections.

***I HAVE READ AND UNDERSTAND THE ABOVE POLICY OF CHICKAMAUGA UTILITIES***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

SUBMIT FORM [CLICK HERE](#)