



CITY OF FULTON

GAS, WATER, SEWER, & GARBAGE(CITY) SERVICES

Service Information Form

Date (MM/DD/YYYY)

Complete all applicable fields, then save or print your completed form.

APPLICANT & CONTACT INFORMATION

Full name

Driver's license number

Spouse / significant other

Driver's license number

Cell number

Second number

SERVICE & HOUSEHOLD INFORMATION

Service address (street, city, state, ZIP)

Mailing address (if different)

Number of residents

Previously had City of Fulton service?

☐

Yes

☐

No

If yes, previous service address and account name

Applicant's employer

Home occupancy

☐

Rent

☐

Own

Landlord's name (if renting)

Landlord's phone number

SERVICE AGREEMENT

The undersigned applies for service at the address above and agrees to pay for service as measured by the City's meter at the applicable rate.

The applicant agrees to allow authorized City agents free access to the premises to inspect, read, repair, or remove City property.

In the event of payment default, the applicant agrees to pay any legal interest due, collection agency costs, and reasonable attorney fees incurred to collect this account and any subsequent location.

Applicant signature / typed name

Date

Co-applicant signature / typed name

Date

City garbage service is required for all services inside city limits.

Residents outside city limits receive garbage service from the county.