



**CITY OF SUGAR HILL**  
 4988 West Broad Street  
 Sugar Hill, GA 30518  
 (770) 945-6716 Fax (770) 945-0281

**UTILITY DEPOSIT**

**A utility deposit of \$150.00, and a photo I.D., are required for service to be connected.**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_

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Service Address \_\_\_\_\_

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

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

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

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Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Driver's License # \_\_\_\_\_

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Employer \_\_\_\_\_ Phone # \_\_\_\_\_

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Employer's Address \_\_\_\_\_

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Spouse's Name \_\_\_\_\_ S.S. # \_\_\_\_\_

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Spouse's Employer \_\_\_\_\_ Phone # \_\_\_\_\_

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Own  Rent Landlord: \_\_\_\_\_ Phone # \_\_\_\_\_

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Relative/Friend \_\_\_\_\_ Phone # \_\_\_\_\_

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Have you ever had service with Sugar Hill before ?  Yes  No If yes, address and dates?

**I / We understand and agree that in event of default, to pay a reasonable collection charge and / or attorney fees.**

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

TURN ON DATE: \_\_\_\_\_

**----- DO NOT WRITE BELOW THIS LINE ---- FOR CITY OF SUGAR HILL USE ONLY -----**

Deposit Amount.....\$ \_\_\_\_\_

Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

**----- METER DEPOSIT RECEIPT -----**

A deposit of \$150.00 is to be paid at time of application. If purchasing house it will be refunded after 18 months, if you have no more than 3 late payments. If renting, your deposit is retained by the City until you move out or discontinue service.

Date \_\_\_\_\_ By \_\_\_\_\_