

**City of Richmond Hill**  
PO Box 250  
Richmond Hill, GA 31324

**Residential Service Application**



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

Date Service to Begin: \_\_\_\_\_

Customer Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Application Fee collected by: _____		FOR OFFICE USE ONLY		Date: _____	
<input type="checkbox"/> Check # _____	<input type="checkbox"/> Cash	<input type="checkbox"/> Visa	<input type="checkbox"/> M/C	<input type="checkbox"/> Debit	<input type="checkbox"/> Discover
Receipt #: _____	Beginning Reading: _____				

It is the applicant's responsibility to ensure that there is no water sources turned on inside the home/property upon connection of services. The City of Richmond Hill accepts no liability for any water damage.