675 North Marietta Parkway
Marietta, Georgia 30060
(770) 794-5150 p (770) 794-5165 f

For Office Use Only:

Customer ID: _____ Equifax Authorization _____

Location ID: _____ Deposit Amount: _____

Connect Date: _____ # of Installments: _____

Deposit: $ _____

Representative: _____

APPLICATION FOR RESIDENTIAL UTILITY SERVICE

NAME OF APPLICANT: _____
First *Middle* *Maiden* *Last*

SERVICE ADDRESS: _____ OWN ☐ RENT ☐
Street Address

_____
City *State* *Zip*

BILLING ADDRESS: _____
Street Address

_____
City *State* *Zip*

SS#: _____/_____/_____ DRIVER'S LICENSE #: _____

DATE OF BIRTH: _____ PHONE #: _____

SERVICE(S) REQUESTED:

DATE SERVICE REQUESTED: _____

ELECTRIC ☐ WATER ☐ SEWER ☐ SANITATION ☐ SECURITY LIGHTS ☐ IRRIGATION ☐

HAVE YOU HAD SERVICE WITH MARIETTA POWER BEFORE? YES ☐ NO ☐

PREVIOUS ADDRESS: _____

MARITAL STATUS:

_____ MARRIED SPOUSE'S NAME: _____ SS#: _____/_____/_____
_____ SINGLE
_____ DIVORCED

OTHER ADULTS IN HOUSEHOLD: _____

APPLICANT'S EMPLOYER: _____

ADDRESS: _____ PHONE#: ( ) _____-_____

SPOUSE'S EMPLOYER: _____

ADDRESS: _____ PHONE#: ( ) _____-_____

NEAREST RELATIVE (other than spouse): _____

ADDRESS: _____ RELATIONSHIP: _____

I understand the following: (1) falsification of any of the above information may result in immediate discontinuance of utility service without notice; (2) there will be a charge of $25.00 to initiate utility service in my name: (3) failure to pay my utility accounts in accordance with Marietta Power policies will result in discontinuance of service; (4) failure to pay my final bill after any deposit refunds will result in the account being submitted to collections. I will, as a result, incur all collection costs.
I hereby acknowledge that I authorized Marietta Power to obtain a credit report for my account from Equifax Inc. when I opened my account.

SIGNATURE/ TITLE _____ DATE _____