



Toccoa City Hall  
92 N. Alexander St.  
P.O. Box 579  
Toccoa, GA 30577  
(706) 282-3311

Franklin North Carolina  
Customer Service Center  
291 Westgate Plaza  
Franklin, NC 28734  
(706) 746-3851  
(828) 346-1222

**TAP APPLICATION**

Residential  Commercial  Industrial

**INSTRUCTIONS—PLEASE READ!** INCOMPLETE APPLICATIONS CANNOT BE PROCESSED. Complete application and mail or bring to either of the locations listed above. Upon approval, you will be advised of the appropriate fees; if service is not available, you will also be advised. When fees have been paid, you will be contacted to coordinate tap installation.

PROPERTY OWNER'S NAME: \_\_\_\_\_

BILLING ADDRESS: _____ CITY _____ STATE _____ ZIP _____	SERVICE ADDRESS: _____ CITY _____ STATE _____ ZIP _____ INSIDE CITY LIMITS <input type="checkbox"/> YES <input type="checkbox"/> NO
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HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

CURRENT RESIDENT IF OTHER THAN OWNER \_\_\_\_\_

Legal Description of Property: E911 Address (list above)  in \_\_\_\_\_ County, OR  
Tax Map No. \_\_\_\_\_ Parcel No. \_\_\_\_\_ in \_\_\_\_\_ County, OR  
Deed Book No. \_\_\_\_\_ Page No. \_\_\_\_\_ in \_\_\_\_\_ County, OR  
Attach Copy of Deed or Plot to Application .

<b>Service Line Charge:</b>  First _____ feet \$0.00  Add'l _____ feet @ \$ _____ = _____	Tap Fee Calculation/ Natural Gas Appliance Usage: Tap Fee <input type="checkbox"/> \$250.00 <input type="checkbox"/> Furnace <input type="checkbox"/> Water Heater <input type="checkbox"/> Dryer <input type="checkbox"/> Range <input type="checkbox"/> Gas Logs <input type="checkbox"/> Light <input type="checkbox"/> Other _____	Other Acknowledgements:  Special provisions (See back of Application) Agreed: _____ Initials  Underground fuel line (see separate information sheet) Agreed: _____ Initials  Sales Tax Exemption (Attach Form) Attached: _____ Initials
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ACCEPTED AND AGREED TO BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Property Owner

APPROVED	DENIED	FEES:	TNG USE TAP	SERVICE LINE	TOTAL
<input type="checkbox"/>	<input type="checkbox"/>		\$ _____	\$ _____	\$ _____
		Reviewed By: _____			
Total Load: _____ Btu		Reason for Denial: _____			
Meter Outlet Pressure: _____ psi					
FINAL APPROVAL _____		Title _____		TOTAL AMOUNT DUE: \$ _____	

The following information is requested by the Federal Government in order to monitor compliance with the Federal law prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of the individual applicants on the basis of visual observation or surname.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino Gender:  Male  Female  
 Race:  White  Black or African American  American Indian/Alaskan Native  Asian  Native Hawaiian or Other Pacific Islander  
 This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, 1400 Independence Ave., SW, Washington, DC 20250-9410.

CITY OF TOCCOA

Service Application for New Tap

**PLEASE RETURN SERVICE APPLICATION WITH  
TOCCOA NATURAL GAS TAP APPLICATION  
(2 APPLICATIONS REQUIRED FOR NEW TAP)**

Requirements Checklist

- Attached Applications
- Warranty Deed, Sales Contract, Proof of Ownership or Lease
- ID's of parties on closing disclosure or lease agreement

Please provide all documents at the time of service request.  
Thank you!

For any questions, contact City of Toccoa Customer Service at  
706-282-3321

# CITY OF TOCCOA TNG - SERVICE APPLICATION: RESIDENTIAL/BUSINESS

<b>Applicant Name:</b> <small>Last, First, Middle Initial</small>	<b>Driver's License #:</b>
<b>Business Name:</b>	<b>Cell #:</b>
<b>Your Employer:</b>	<b>Phone # (Work):</b>
<b>Social Security #:</b>	<b>Email:</b>
<b>Spouse or Roommate Name:</b> <small>Last, First, Middle Initial</small>	<b>Spouse or Roommate SS#:</b>
<b>Spouse or Roommate Employer:</b>	<b>Spouse or Roommate DL#:</b>
<b>Spouse or Roommate Phone # (Work):</b>	<b>Spouse or Roommate Cell #:</b>
<b>Type of Service Requested: Check all that apply</b>	<input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Gas <input type="checkbox"/> Garbage
<b>NOTE: SERVICE ADDRESS MUST BE COMPLETE AND RESIDENCE MARKED APPROPRIATELY</b>	
<b>Service Address:</b> <small>Street Name &amp; Number</small>	<b>Phone # (Home):</b>
<b>City:</b>	<b>Inside City Limits:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Mailing Address:</b>	<b>Please Check:</b> <input type="checkbox"/> Own <input type="checkbox"/> Rent <b>Please Check:</b> <input type="checkbox"/> House <input type="checkbox"/> MH <input type="checkbox"/> Apartment
<b>Nearest Relative Name and Address:</b>	<b>Relative Phone #:</b>
<b>Landlord's Name and Address:</b>	<b>Landlord Phone #:</b>
Have you had previous service with City of Toccoa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What name was your prior account in?	
Has City of Toccoa Business License been applied for: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (outside city limits)	

The above hereby applies for services from the City of Toccoa subject to the following terms and conditions:

1. Applicant agrees to pay to the City of Toccoa in accordance with the schedule of fees for services rendered at the above address.
2. Applicant agrees to comply with all of the City of Toccoa rules and regulations applicable to such services.
3. Applicant agrees to pay monthly utility bills as provided by the City of Toccoa within 20 days of the billing date. If there is no usage, applicant agrees to pay the minimum charge. Minimum gas charges will occur through the summer months. The City of Toccoa encourages pilot lights to remain on during the off season.
4. Applicant agrees that in connection with the services to be performed, the City shall not be liable for damages to the dwelling or to any property of the Applicant by reason of any action on the part of the City of Toccoa, Stephens County, or the State of Georgia, or their duly authorized officers, agents, servants, or employees.
5. Applicant agrees that the water or gas service to be rendered by the City is limited to use of only one (1) family dwelling house or commercial building without express written permission.
6. Applicant agrees not to tamper with the meter device in accordance with the City policy and ordinances. Applicant agrees to immediately contact the employees of the City in connection with any service problems or leaks which might occur.
7. The deposit collected is non-interest bearing. Deposits are applied to customer's account when it is terminated.

As stated above, I \_\_\_\_\_, apply for service with the City of Toccoa. I understand the terms and conditions which are a part of this application and agree to be bound by such terms and conditions.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_