



City of Madison  
 132 N. Main Street  
 P.O. Box 32  
 Madison, Georgia 30650  
 (706) 342-1251

UTILITY SERVICE – LANDLORD APPLICATION

*Landlord Account Information*

Landlord Name: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Deposit On File?  YES  NO If YES, Amount: \$ \_\_\_\_\_

Account#: \_\_\_\_\_  Read Only  Cut Off

Services:  Water  Gas  Sewer  Garb/RC  Other: \_\_\_\_\_

Date

Move In/Out

Comments

IN  OUT

IN  OUT

IN  OUT

IN  OUT

IN  OUT

Fill out the form above by tabbing through the entry fields. The either click "email form" to send to City Hall (to do this you must download the form first) or click "print" and bring the printed copy to City Hall at the address above.