

Housing Authority of the City of Tifton

15 East 16th Street
P.O. Box 12
Tifton, GA 31793

Phone (229) 382-5434
Fax (229) 382-1327

UTILITY VERIFICATION

Georgia Power

IN ORDER FOR THE HOUSING AUTHORITY TO PROCESS AN APPLICATION
FOR HOUSING IN THE NAME(S) OF _____

SOCIAL SECURITY NUMBER(S) _____

THE FOLLOWING STATEMENT MUST BE SIGNED BY AN AUTHORIZED
REPRESENTATIVE OF GEORGIA POWER:

THIS IS TO CERTIFY THAT THERE IS NO OUTSTANDING BALANCE
OWED TO GEORGIA POWER THAT WOULD PROHIBIT THE
ESTABLISHMENT OR TRANSFER OF SERVICE FOR THE ABOVE
REFERENCED INDIVIDUAL(S).

STIPULATIONS (if any) _____

SIGNATURE _____ DATE _____
AUTHORIZED AGENT OF THE CITY OF TIFTON

Note to Georgia Power. This form is **NOT** a request for service. Service will
be requested verbally from the person(s) named above when it is definite that a new lease
is being executed by the Housing Authority.