



# CITY OF HARTWELL

500 East Howell Street  
Hartwell, Georgia 30643  
(706)376-4756

This form must be completed by the Property Owners ONLY including all information pertaining to tenants.

## RENTAL/LEASE FORM

**Required Deposit determined by Credit History**  
**When applying for service with the City of Hartwell**  
**The following documents are required:**

**Picture ID, Social Security Card & Rental Form**

**Date Property Rented:** \_\_\_\_\_

**Name of Renter:** \_\_\_\_\_  
**Social Security #** \_\_\_\_\_

**Adult Occupants living at this address:**

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Last Tenant to live at this address:** \_\_\_\_\_  
**Name of Tenant who lives directly beside new tenant:** \_\_\_\_\_

**911 Property Address:** \_\_\_\_\_  
\_\_\_\_\_

**Lot #** \_\_\_\_\_

**Property Owners Signature:** \_\_\_\_\_  
**Contact Phone #** \_\_\_\_\_ **or** \_\_\_\_\_

Any alterations on this form may prevent service from being connected.

**Date Received** \_\_\_\_\_  
**Received by** \_\_\_\_\_