

____ Check here for Sewer Service.

Rabun County Water and Sewer Authority Residential Application

____ Check here for New Meter Purchase.
Meter Size: _____
Installation may take up to 3 to 4 weeks.

Mailing address: P.O. Box 1865, Clayton, GA 30525
Physical address: 137 Hiawasse Street, Clayton, GA 30525
706-960-9835

A deposit amount is required for all accounts before service will be connected. The Rabun County Water and Sewer Authority is required to collect any outstanding debt to the Authority of the customer applying for service. Please be aware of this **requirement and the possibility of additional costs. Lease agreement papers may be required.**

A fee of \$135.00 (\$81 New/Switch service fee + \$54.00 Admin. Fee) will be charged to initiate new service. A fee of \$81.00 will be charged to each customer discontinuing water service; this charge will be added to the final bill.

The due date for payment of water and sewer bills is 20 days from the billing date. A late fee of 10% of the local monthly bill shall be assessed for payments made after 20 days from the billing date. Water service will be disconnected when one month's bill is 10 days past due or when partial payments are made on accounts over 30 days past due. A \$54.00 fee is required each time the account becomes delinquent to the extent the system initiates a cutoff of service. This fee is owed if the payment is not received by 5:00 PM on the Monday prior to the scheduled disconnection.

A fee of \$35.00 will be charged on checks or bank drafts returned for any reason, and water service may be discontinued.

Customers must ensure that all inside plumbing is shut off. Any damage resulting from open faucets or leaks inside the building is the responsibility of the customer. _____ Customer's initials.

Application must be filled out completely, accurately and legibly in order to establish service.

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Are you 18yrs or older? _____

Email Address: _____

SS #: _____ Driver's License #: _____ State: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

Service Address: _____

Subdivision: _____ Lot #: _____

City/State/Zip: _____

Mailing Address (if different from Service Address): _____

City/State/Zip: _____

Property Owner's Name: _____ Phone #: _____

Address: _____

City/State/Zip: _____

Previous Address: _____

City/State/Zip: _____

Only authorized personnel are allowed inside the meter box. If someone other than an Authority employee damages the meter box or its contents, the customer on record will be held responsible for repair costs. _____ Customer's initials. Any additional maintenance, turn-ons, turn-offs or rereads will be done per customer's request, or during regular maintenance and reading schedules. I verify that, to the best of my knowledge, the above information is correct. There may be an occasion where you are required to come to the Rabun County Water and Sewer Authority's service office to provide positive photo identification before new service can be established.

Signature: _____ Date: _____