

____ Check here for Sewer Service.

Rabun County Water and Sewer Authority Service 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 Hiawassee Street, Clayton, GA 30525
706-960-9835 kim.mckay@rcwsa.org or traci.adams@rcwsa.org

All application fees and a security deposit must be paid in full 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. Rental lease agreement papers or purchase agreements are 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.

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.

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

Applicant's Name/Business Name: _____

Contact Name if Business: _____

Social Security#/Tax ID#: _____ Driver's License #: _____ State: _____

Email Address: _____ Date of Birth: _____

Phone # 1: _____ Phone # 2: _____

Service Address: _____

Mailing Address (if different from Service Address): _____

Please Circle: Own or Rent Landlord's Name/Phone #: _____

Date Service is to be Connected: _____

Have you had previous service with the Rabun County Water & Sewer Authority? Yes or No

Name and address of Prior Account: _____

Spouse/Roommate's Name: _____ Social Security #: _____

Phone # 1: _____ Phone # 2: _____

As stated above, I am applying for service with the Rabun County Water & Sewer Authority and verify that, to the best of my knowledge, the above information is correct. I understand the terms and conditions which are a part of this application and agree to be bound by such. I, also, understand that no person will be provided any information regarding this account unless they are listed on this form.

Applicant's Signature: _____ Date: _____

For RCWSA Use Only

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Acct #: _____ Deposit Amount: _____ Date Paid: _____ Residential or Commercial