

\_\_\_ CHECK HERE FOR SEWER SERVICE

\_\_\_ CHECK HERE FOR NEW METER PURCHASE  
METER SIZE: \_\_\_\_\_  
\*\*CONNECTION MAY TAKE 6-8 WEEKS\*\*

# RABUN COUNTY WATER AND SEWER AUTHORITY SERVICE APPLICATION

MAILING ADDRESS: P.O. BOX 1865, CLAYTON, GA 30525

PHYSICAL ADDRESS: 137 HIAWASSEE ST. CLAYTON, GA 30525

PHONE NUMBER: (706) 960-9835

EMAIL: [HALEY.BROWN@RCWSA.ORG](mailto:HALEY.BROWN@RCWSA.ORG), [KIM.MCKAY@RCWSA.ORG](mailto:KIM.MCKAY@RCWSA.ORG), [CANDACE.WORLEY@RCWSA.ORG](mailto:CANDACE.WORLEY@RCWSA.ORG), [TRACI.ADAMS@RCWSA.ORG](mailto: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 debts to the Authority of the customer applying for service. Please be aware of this requirement and the possibility of additional costs. Rental lease agreements or purchase agreement documents are required.

A fee of \$160.00 (\$90 New/Switch service fee + \$70.00 Admin Fee) will be charged to initiate service. A fee of \$90 will be charged to each customer discontinuing water service; this charge will be added to the final bill. A security deposit, based on the size of meter, will also be required to initiate new service.

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 \$90.00 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 schedule disconnection. A fee of \$45.00 will be charged on checks or bank drafts returned for any reason, and water service may be disconnected.

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 damaged the meter box or the 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 No. /Tax ID No: \_\_\_\_\_ Government Issued ID: \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

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

Mailing Address (if different from Service Address): \_\_\_\_\_

Please Circle: OWN or RENT Landlord's Name/Phone No: \_\_\_\_\_

Date Service is to be Connected: \_\_\_\_\_

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

Name and Address of Prior Account: \_\_\_\_\_

Spouse/Roommate's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

As stated above, I am applying for service with the Rabun County Water and 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RCWSA OFFICE USE ONLY  
RECEIPT # \_\_\_\_\_ W/O # \_\_\_\_\_ ACCT # \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_  
CLERK \_\_\_\_\_ DATE: \_\_\_\_\_ RESIDENTIAL \_\_\_\_\_ COMMERCIAL \_\_\_\_\_