

Heard County Water Authority

James Ray Gosdin, Chairman
Patty Jiles, Secretary/Treasurer
Loy Howard, Member

Alvin Ginn, Vice-Chairman
Tommie McKeever, Member
Laurie E. Cook, Executive Director

APPLICATION FOR SERVICE

Date: _____

(THIS SECTION FOR OFFICE USE ONLY)

HCWA ACCOUNT#

Service Address:

Name

DEPOSIT: PAID IN ADVANCE

(Includes \$50 non-refundable Admin. Fee)

___ **RENT – WATER ONLY \$200.00**

___ **RENT – WATER/SEWER \$250.00**

___ **OWN – WATER ONLY \$100.00**

___ **OWN – WATER/SEWER \$150.00**

Street Address

City

State

Zip

(Proof of Ownership or Rental Agreement Required) _____

Email address:

CASH _____ CC _____

CHECK# _____

Mailing Address:

*A list of Water/ Sewer Rates will be provided to customers establishing service.

Telephone Number for Applicant:

Cell phone # for Applicant:

State ID # or SS #

Date of Birth

Place of Employment

Phone #

Emergency Contact Name

Phone #

I, _____, have received a copy of the Rules and Rates/Fees List from the Heard County Water Authority. I hereby consent to receiving emails, texts (SMS), auto-dialed and or artificial or prerecorded messages to my cellular phone or to any telephone or email provided from me to Heard County Water Authority or its affiliates and their agents including, without limitation, any account management companies and independent contractors including debt collectors.

Signature of Applicant

Date

Accepted by HCWA staff: _____ **Date Work Order Issued:** _____