

Heard County Water Authority

James Ray Gosdin, Chairman
Carrie Rutledge, 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

(Proof of Ownership or Rental Agreement Required) _____

City State Zip

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: _____