

LUMPKIN COUNTY WATER AND SEWERAGE AUTHORITY

194 Courthouse Hill, Annex A

Dahlonega, GA 30533

(706) 867-6580 OFFICE

(706) 864-0116 FAX

NEW WATER SERVICE APPLICATION

I, the undersigned, hereby apply for water service from the LCWSA **at the following location:**

(Service Address)

Name of Subdivision & Lot Number

DATE YOU DESIRE SERVICE: _____

Monday - Friday Only

- The undersigned agrees to pay a connect /administration fee of \$50.00
- The undersigned agrees to pay a security deposit of \$100.00
- **If paying by check, it must be a separate check for deposit, connect/admin fee & tap fee**
- The undersigned agrees to pay the rates adopted by the LCWSA Board
- The undersigned agrees to abide by rules & regulations of LCWSA & understands they may occasionally change
- The undersigned agrees to pay any and all collection fees due to LCWSA or the collection agency (if fees are incurred)
- The undersigned acknowledges they are responsible for any repairs or damages beyond meter location

PRIMARY NAME _____ **SECONDARY NAME** _____
(OR COMPANY NAME)

PRIMARY-Social Security # _____ **SECONDARY-Social Security #** _____

PRIMARY PHONE NUMBERS: CELL _____ **HOME** _____ **WORK** _____

SECONDARY PHONE NUMBER: CELL _____

MAILING ADDRESS: _____

CITY _____ **STATE** _____ **ZIP CODE** _____ **E-MAIL** _____

EMERGENCY CONTACT: NAME _____ **PHONE#** _____
(Not living with you)

DO YOU: OWN OR RENT _____ **LANDLORD'S NAME:** _____ **PHONE#** _____
(CIRCLE ONE)

APPLICANT'S SIGNATURE: _____ **DATE:** _____

SECONDARY SIGNATURE: _____ **DATE:** _____
(IF PRESENT)

For Office Use Only

Acct. #: _____ Previous Tenant: _____ Service Order #: _____
(Write Vacant or Person's Name)

Deposit Amount: \$ _____ Date: _____ Cash/Check/Credit/Receipt # _____

Connect/Admin Fee Amount \$ _____ Date: _____ Cash/Check/Credit/Receipt # _____

***New Tap Fee Amount \$ _____ Date: _____ Cash/Check/Credit/Receipt # _____

(Revised 01/17/2019)