City of Waleska Water Authority 8891 Fincher Road Waleska, GA 30183 Phone – 770.479.2912 Fax – 770.720.4615 Office Hours: Monday – Friday 8:00am to 5:00 pm

*Date		
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(Last)	(First)	(MI)
(Last)	(First)	(MI)
	(Street)	
	(State)	(Zip)
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State *Social Security #		
_ Name Previously	y In	
water on (som	neone over 18 must b	e present)
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**YOUR SOCIAL SECURITY NUMBER IS BEING REQUESTED UNDER TITLE 5 OF THE UNITED STATE CODE AND MAY BE USED FR ANNOUNT IDENTIFICATION, CREDIT INVESTIGATION AND/OR COLLECTION PURPOSES. YOU MAY, IN LIEU OF PROVIDING YOUR SOCIAL SECURITY NUMBER, PAY AN ADDITIONAL DEPOSIT. **DEPOSIT IS REFUNDABLE UPON VACATING THE PROPERTY.

City of Waleska Water Authority Office of the Mayor Water Agreement

Water bills are due on the fifteenth (15th) of each month, and a late fee of 10 percent (10%) of the unpaid amount will be assessed on bills on the sixteenth (16th), and water service will be disconnected ten (10) days after the due date, unless a written request for hearing in person by the City Clerk on behalf of the water system within ten (10) days after the bills are sent. Failure to appear at the scheduled hearing will result in service being immediately disconnect without further notices. Water service will not be restored until all water usage fees, late fees, penalties, and all other charges associated with the disconnect of water service have been paid in full, as governed by ordinance.

After water service has been disconnected to a customer for a third (3rd) time due to nonpayment and/or ordinance violation, the City of Waleska Water System will determine within thirty (30) days whether or not to reinstate service to said customer.

I furthermore understand that under no circumstances am I to allow anyone to tap into my water service. The meter assigned to me is to register the water usage for those living in my residence only. Should another dwelling or business be added to my water service, I fully understand this would be in violation of my agreement with the Waleska Water System and therefore, I shall be liable for any additional tap fees and legal expenses necessary to ascertain that there is one tap and meter per single family dwelling or business and/or tap and meter for each apartment in a multi-family dwelling, as well as any other charges and penalties, including disconnection of water service. I furthermore agree that the Waleska Water System, or their representative, shall have an easement to allow free access to any and all material belonging to them to and including the tap box and its contents. Any attempts to prevent their access may be viewed as an ordinance violation and may be cause for disconnection of water service.

I further understand that the Waleska Water System, in providing water service, is under an obligation to provide that service in accordance with State rules and regulations. By signing this agreement, I acknowledge that the Waleska Water System is not responsible for providing more than the State mandated amount of water pressure beyond the meter, although it may do so, and is further not responsible for ensuring that I have sufficient water pressure to meet the needs associated with my household and/or business or for losses which occur on my side of the meter.

Witness

Date

Customer Signature

Date

City of Waleska Water Authority 8891 Fincher Road Waleska, GA 30183 Phone – 770.479.2912

REQUEST AND AUTHORIZATION FOR DISCONNECT WATER SERVICE IN THE CUSTOMER'S ABSENCE DUE TO A WATER LEAK OR SERVICE LINE BREAK ON CUSTOMER'S SIDE OF THE WATER METER

I, ______, request the City of Waleska, Georgia through the Waleska Water Authority, if there appears to be a leak from a broken or unknown source on my side of the meter, to turn off the water supply at my meter in the event I am out of town, out of the country or for any reason unreachable by phone in a timely manner. I relieve the City of Waleska and the Waleska Water Authority of any and all liability associated and any adverse affects turning off the meter may cause, but appreciate the courtesy offered by the water department in the event that it appears to city employees or agents that it would be in my best interest to terminate my water supply.

Date	

Customer's Signature_____

Cell Phone or Other Means of Contact_____

Witness Signature_____

Notary Public