

City of Waleska Water Authority
8891 Fincher Road
Waleska, GA 30183
Phone – 770.479.2912
Fax – 770.720.4615
Office Hours: Monday – Friday 8:30 am to 4:30 pm

Account # _____ *Date _____

*Date to Start Service _____

*Primary Customer's Name: _____
(Last) (First) (MI)

Secondary Customer's Name: _____
(Last) (First) (MI)

*Service Address: _____
(Street)

_____ (City) _____ (State) _____ (Zip)

Mailing Address: _____
(Street)

_____ (City) _____ (State) _____ (Zip)

*Email Address _____

*Home Phone () - _____ *Work () - _____ *Cell () - _____

*Landlord Name _____

Sanitation Deposit (\$25.00) \$ _____

Total \$ _____

*Customer Signature _____

**DEPOSIT IS REFUNDABLE WITH NOTICE OF VACATING THE PROPERTY.

What is the distance of the private line that you will be installing from the residence to the water meter?

Email to rsmith@cityofwaleska.com

***There is a possibility we would have to bore, therefore, that charge will be invoiced to you.**

THIS METER SHALL NOT BE COVERED BY ANY TYPE OF CONSTRUCTION, PLANTING OR ANY OTHER TYPES OF MATERIAL THAT OBSTRUCTS THE METER FROM BEING READ

Sanitation Service

Date: _____

I, _____ am requesting garbage at the address of
_____. I would like for this service to start _____.

I, _____ understand that my account will be charged a \$20 a month fee
for this service.

Only the account holder can request this service.

You will receive 1 trash bin. If you would like additional, please indicate. For an extra trash bin its \$12 a
month

Please email this form back to rsmith@cityofwaleska.com

Signature