

PICKENS COUNTY WATER & SEWER AUTHORITY
1266 EAST CHURCH STREET; SUITE 117; JASPER, GA 30143
PHONE: 706-253-8718 FAX: 706-253-8720

PLEASE HAVE YOUR DRIVER'S LICENSE OR OTHER FORM OF VALID ID READY WHEN FILLING OUT FORM

DATE: _____ DATE ON: _____

ACCT#: _____ METER #: _____

TIME OF APPLICATION: _____ BEGINNING READING: _____

APPLICANTS
LEGAL NAME: _____

CONTACT PHONE#: _____

BILLING ADDRESS: _____

SERVICE (911) ADDRESS: _____

APPLICANTS EMPLOYER: _____

CO-APPLICANT: _____

CO EMPLOYER: _____

EMERGENCY CONTACT: _____ PHONE#: _____

OWN: _____ RENT: _____ PROPERTY OWNER (IF APPLICABLE): _____

TYPE OF SERVICE: (HOUSE) _____ (MOBILE HOME) _____ (OTHER) _____

DIRECTIONS TO PROPERTY & A BRIEF BUILDING DESCRIPTION: _____

FINAL BILL-
NEW BILLING ADDRESS: _____

DATE OFF: _____ FINAL READING: _____

"The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However if you choose not to furnish it, we are required to note in the race/national origin of individual applicants on the basis of visual Observation of surname.

_____ White, not of Hispanic origin _____ Hispanic _____ Black, not of Hispanic origin _____ Asian or Pacific Islander
_____ American Indian _____ Alaskan Native

"This is an Equal Opportunity Program. Federal Law prohibits discrimination. Complaints of discrimination May be filed with the Secretary of Agriculture, Washington, D.C. 20205."

*BY SIGNING THIS LEGAL DOCUMENT WITH PICKENS COUNTY WATER AND SEWER AUTHORITY, I/WE UNDERSTAND AND AGREE THAT ANY CREDIT GRANTED SHALL BE PAID PROMPTLY IN ACCORDANCE WITH THE TERMS AND AGREEMENTS, THAT THE CREDIT GRANTOR MAY ADD ONE AND ONE HALF PERCENT (1 AND ½%) PER MONTH TO ANY BALANCE OWED AND IN THE EVENT OF DEFAULT TO PAY REASONABLE COLLECTION CHARGES AND/OR ATTORNEY FEES. BY SIGNING THIS CONTRACT I/WE ARE BOUND TO THE ORIGINAL CONTRACT SET FORTH FOR THIS PROPERTY.

*SIGNATURE OF APPLICANT: _____ DATE: _____

*SIGNATURE OF CO-APPLICANT: _____ DATE: _____

_____ **CHECK HERE IF YOU DO NOT WANT YOUR PERSONAL INFORMATION, CONSUMPTION OR PAYMENT/ACCOUNT HISTORY DISCLOSED.**

_____ **WATER RATE SHEET RECEIVED**

_____ **ADMINISTRATIVE CLERK**