

DADE COUNTY WATER & SEWER AUTHORITY
P.O. BOX 1047
TRENTON, GA 30752
(706) 657-4341 OFFICE / (706) 657-6778 FAX
APPLICATION FOR NEW SERVICE
EMAIL: CUSTOMERSERVICE@MYDADEWATER.COM
(THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER)

DATE: _____

SSN# _____ - _____ - _____

NAME: _____

SERVICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL: (____) _____ WORK: (____) _____

MAILING ADDRESS: (IF DIFFERENT) _____

CITY: _____ STATE: _____ ZIP: _____

AUTHORIZED USER: NAME: _____ SSN# _____ - _____ - _____

THE ACCOUNT HOLDER IS GIVING THE AUTHORIZED USER PERMISSION TO ACCESS THE ACCOUNT, MAKE PAYMENT AGREEMENTS, AND MAKE CHANGES ON BEHALF OF THE ACCOUNT HOLDER.

CHECK ONE:

RESIDENTIAL

COMMERCIAL

INDUSTRIAL

OWN

RENT OWNER'S NAME _____ PHONE# (____) _____

I AGREE TO USE THE WATER ACCORDING TO THE RULES AND REGULATIONS OF THE COMPANY AND TO PAY FOR IT IN ACCORDANCE WITH THE RATES APPROVED BY THE DADE COUNTY WATER AND SEWER AUTHORITY BOARD OF DIRECTORS WITHIN 15 DAYS FROM THE DATE ON WHICH BILLS ARE RENDERED OR BY THE DUE DATE PRINTED ON THE BILL WITHOUT REFERENCE TO DEPOSIT MADE. **I AUTHORIZE THE COMPANY TO DISCONTINUE SERVICE UPON MY FAILURE TO PAY FOR SERVICE RENDERED.**

I AGREE TO PAY ALL EXPENSES INCLUDING REASONABLE ATTORNEY'S FEES INCIDENT TO COLLECTIONS BY THE COMPANY IN LEGAL ACTION FOR WATER SERVICE RENDERED TO ME BY THE COMPANY. WHEN SERVICE IS DISCONTINUED, THE AMOUNT OF DEPOSIT WILL BE REFUNDED UPON PAYMENT IN FULL OF THE ACCOUNTS AND PRESENTATION OF THIS APPLICATION.

I AGREE THAT I WILL CLAIM NO DAMAGES OF THE STOPPAGE OF THE FLOW OF WATER RESULTING FROM ACCIDENT OR WHERE NECESSARY TO MAKE ALTERATIONS, REPAIR OR IMPROVEMENTS.

I FURTHER AGREE THAT THE LOCATION IS NOW READY FOR WATER TO BE TURNED ON AND THAT NO MORE THAN ONE DEWELLING WILL BE ATTACHED TO THIS METER.

HAVE YOU EVER HAD SERVICE WITH DADE COUNTY WATER? ____ YES ____ NO

DO YOU CURRENTLY HAVE SERVICE WITH DADE COUNTY WATER? ____ YES ____ NO

IF YES, DO YOU WISH TO KEEP YOUR CURRENT SERVICE ACTIVE? ____ YES ____ NO ____ WILL CALL DATE TO BE DISCONNECTED) ____/____/____ (ACCT# _____)

CUSTOMER'S SIGNATURE _____

METER DEPOSIT = \$30.00 **NON-REFUNDABLE SERVICE CHARGE** = \$20.00
TOTAL DUE = \$50.00

SERVICE ID: _____ ACCOUNT#: _____ ACCEPTED BY: _____

INCLUDE COPY OF DRIVERS LICENSE