

**DADE COUNTY WATER & SEWER AUTHORITY**  
**P.O. BOX 1047**  
**TRENTON, GA 30752**  
**(706) 657-4341 OFFICE / (706) 657-6778 FAX**  
**APPLICATION FOR NEW 3/4" TAP**  
**EMAIL: [CUSTOMERSERVICE@MYDADEWATER.COM](mailto: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: \_\_\_\_\_

AUTHORIZE 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 (DATE TO BE DISCONNECTED) \_\_\_\_/\_\_\_\_/\_\_\_\_ (ACCT# \_\_\_\_\_)

CUSTOMER'S SIGNATURE \_\_\_\_\_

**3/4" Meter**

METER DEPOSIT = \$30.00 TAP FEE = \$1400.00

**TOTAL DUE = \$1430.00**

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SERVICE ID: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_

**INCLUDE COPY OF DRIVERS LICENSE**