



**Douglasville-Douglas County  
Water and Sewer Authority**

8763 Hospital Drive

Douglasville, GA 30134

Phone: (770) 949-7617

Fax: (678) 631-1515

Email: [customerservice@ddcwsa.com](mailto:customerservice@ddcwsa.com)

***APPLICATION FOR WATER AND/OR SEWER SERVICE***

Name:		Social Security No./Tax ID No.:	
Mailing Address:			
City:		State:	Zip:
Home Phone No.:		Work Phone:	
Cell Phone No.:		Email Address:	
Date of Birth:			

***NEW SERVICE LOCATION INFORMATION***

Service Address:		
<hr/>		
City:	State:	Zip:
<hr/>		
Date Service to Begin:		
<hr/>		
Signature:		Date:
<hr/>		<hr/>

Please mail (fax or email) completed forms with required deposit to the address shown. There will be an application fee of \$25.00 assessed on your first bill.

Douglasville-Douglas County Water and Sewer Authority  
Post Office Box 1157  
Douglasville, GA 30134

***Note:*** All required forms, proof of ownership or lease/rental agreement and deposit must be received to establish the service.

**DOUGLASVILLE-DOUGLAS COUNTY WATER AND SEWER AUTHORITY**  
**8763 Hospital Drive**  
**Douglasville, Georgia 30134**

**AGREEMENT FOR WATER AND/OR SANITARY SEWER SERVICE**

This Agreement made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, between the DOUGLASVILLE-DOUGLAS COUNTY WATER AND SEWER AUTHORITY (the "Authority") and \_\_\_\_\_ (the "Customer").

WHEREAS, "the Customer" desires to obtain water and/or sanitary sewer service from the Authority at the location listed below:

Service Location : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date you want service to start: \_\_\_\_\_

(for Ofc. Use) Location ID: \_\_\_\_\_ Customer ID: \_\_\_\_\_

NOW, THEREFORE, "the Customer" agrees to the following:

**SECTION 1**  
**COMPLIANCE WITH AUTHORITY RULES**

- 1.1 The Customer agrees to adhere to and be bound by the current Rules and Regulations governing the use of the utility system owned and operated by the Authority as such rules now exist or as they may be amended from time to time in the future.
- 1.2 The Customer acknowledges that a complete copy of the Authority's Rules and Regulations is available for purchase and that a copy has been provided for the Customer's review in the lobby of the Authority Administration Office.
- 1.3 The Customer understands that certain Rules and Regulations adopted by the Authority do now and may hereafter regulate, control, and promote the reduction and/or elimination of both point and non-point sources of pollution. The Customer agrees to comply with all such Rules and Regulations and hereby authorizes the Authority, its agents, servants, and employees to come onto the property during reasonable hours for the purpose of performing inspections.
- 1.4 The Customer understands that septic tanks and absorption fields shall be constructed in accordance with County Health Department standards and the Authority's Design and Construction Standards. The Customer also understands that septic tanks in the Dog River drainage basin shall be properly pumped no less frequently than once every five years. Proof of pumping must be made available to the Authority upon request.
- 1.5 ***The Customer understands that the Authority commences water service at the meter. The Authority recommends that the Customer be present at the location when service is turned on to prevent the possibility of any internal/external damage. The Customer understands that he/she assumes all responsibility for water damage on or to the Property (inclusive of the inside of the dwelling) once service commences.***

Initial:

**SECTION 2**  
**MISCELLANEOUS**

- 2.1 This Agreement constitutes the entire Agreement of the parties with respect to the matters set forth herein, and no prior or contemporaneous oral or written agreement shall be deemed to modify or vary the terms hereof.
- 2.2 This Agreement shall not be assignable by any party hereto.
- 2.3 This Agreement shall inure to the benefit of and be binding upon the parties thereto and any successor entity into which it may be merged or formed.
- 2.4 No provision of this Agreement may be amended, waived, or otherwise modified without prior written consent of the Authority.
- 2.5 This Agreement is made and entered into and shall be governed by and construed in accordance with the laws of the State of Georgia.
- 2.6 An application fee of \$25.00 will be assessed on your first bill.

Sign:

WSA Representative: \_\_\_\_\_ Customer: \_\_\_\_\_



**Douglasville-Douglas County  
Water and Sewer Authority**

P.O. Box 1157  
Douglasville, GA 30133  
Phone: (770) 949-7617  
Fax: (678) 631-1515  
Email: [customerservice@ddcwsa.com](mailto:customerservice@ddcwsa.com)

***CREDIT/DEBIT CARD OR ELECTRONIC CHECK AUTHORIZATION FORM***

**CARD HOLDER INFORMATION**

Company Name:		Name on Card:
Card Holder Billing Address:		
City:	State:	Zip:

**PAYMENT AUTHORIZATION**

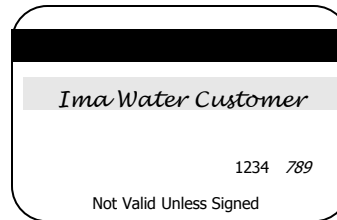
Card Type: ☐ VISA ☐ MasterCard ☐ Discover

Card Number: \_\_\_\_\_

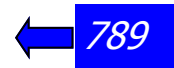
Expiration Date: \_\_\_\_\_

Card Identification Number: \_\_\_\_\_

(Please reference the picture to the right for the location of this number on the back of your card.)



In the example shown, the numbers 789 would be the Card Identification Number.



For Electronic Check, please enter the Routing number and Account number located at the bottom of your check into the fields below. See example at the right.

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Check Number (optional) \_\_\_\_\_

NAME ADDRESS CITY, STATE, ZIP DATE 0123 01-23456789  
PAY TO THE ORDER OF \$  
BANK NAME ADDRESS CITY, STATE, ZIP  
FOR  
⑆0⑆ 23456789⑆ ⑆0⑆ 23456789⑆ ⑆0⑆ 23  
Bank Routing Number Bank Account Number Check Number

**(A 2.95% service fee will be added to each transaction)**

**DEPOSIT AMOUNTS & POLICY**

*For residential customers, your deposit is based on the services that the home receives from WSA.*

\$ 50.00 Homes with water service only (on septic tank)

\$125.00 Homes with water and sewer service

There will be a \$25.00 application fee added to the first bill.

**For commercial, industrial, and other types of customers, please contact WSA customer service for deposit amounts.**

I wish to authorize the establishment of services from the Douglasville-Douglas County Water and Sewer Authority by using this Credit/Debit Card or Electronic Check Authorization form. I agree that I will pay for the requested deposits and service fees and hold the Douglasville-Douglas County Water and Sewer Authority harmless against any liability pursuant to this authorization. I understand that my written signature or electronic signature on this form will serve as the authorized signature for the credit/debit card or electronic check transaction.

**Fax completed forms to (678) 631-1515 or Email to [customerservice@ddcwsa.com](mailto:customerservice@ddcwsa.com)**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Directions: Please print the form, complete all required information and return with Service Agreement and Application Form by fax, email or mail.