

Douglasville-Douglas County Water and Sewer Authority 8763 Hospital Drive Douglasville, GA 30134

Douglasville, GA 30134
Phone: (770) 949-7617
Fax: (678) 631-1515
Email: customerservice@ddcwsa.com

APPLICATION FOR WATER AND/OR SEWER SERVICE Name: Social Security No./Tax ID No.: Mailing Address: Email Address: City: State: Zip: Home Phone No.: Work Phone: Cell Phone No.: Date of Birth:

NEW SERVICE LOCATION INFORMATION

Service Address:				
City:	State:		Zip:	
Date Service to Begin:				
Signature:		Date:		

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
	(the "Authority") and (the
WHEREAS, "the Customer" desires to obtai listed below:	water and/or sanitary sewer service from the Authority at the location
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:
со	SECTION 1 MPLIANCE WITH AUTHORITY RULES
and operated by the Authority as such rule The Customer acknowledges that a comple purchase and that a copy has been provide Office. The Customer understands that certain Rule and promote the reduction and/or eliminatiall such Rules and Regulations and hereby servants, and employees to come onto the The Customer understands that septic tank standards and the Authority's Design and C drainage basin shall be properly pumped not the Authority upon request.	property during reasonable hours for the purpose of performing inspections. and absorption fields shall be constructed in accordance with County Health Department onstruction Standards. The Customer also understands that septic tanks in the Dog River less frequently than once every five years. Proof of pumping must be made available to
that the Customer be present at the l	thority commences water service at the meter. The Authority recommends cation when service is turned on to prevent the possibility of any internal/stands that he/she assumes all responsibility for water damage on or to the e dwelling) once service commences.
	SECTION 2 MISCELLANEOUS
contemporaneous oral or written agreement 2.2 This Agreement shall not be assignable by a This Agreement shall inure to the benefit of merged or formed. No provision of this Agreement may be and	and be binding upon the parties thereto and any successor entity into which it may be nded, waived, or otherwise modified without prior written consent of the Authority. Id shall be governed by and construed in accordance with the laws of the State of
MCA December in the	Sign:
WSA Representative:	Customer:

Initial



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CREDIT/DEBIT CARD OR ELECTRONIC CHECK AUTHORIZATION FORM

CARD HOLDER INFORMATION							
Company Name:	Name on Card:	Name on Card:					
Card Holder Billing Address:							
City:	State:	Zip:					
PAYMENT AU	THORIZATION						
Card Type: ☐ VISA ☐ MasterCard ☐ Discover							
Card Number:		In the example shown, the numbers 789 would be the Card Identification Number.					
Expiration Date:	Ima Water Customer						
Card Identification Number: (Please reference the picture to the right for the location of this number) on the back of your card.)	1234 <i>789</i> Not Valid Unless Signed	789					
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. MAME							
Routing Number	CITY, STATE ZIP	01-2345/6789 DATE					
Account Number	OFFICER OF BANK NAME	J \$ DOLLARS					
Check Number (optional)	100	<u>S</u>					
(A 2.95% service fee will be added to each transaction.) Bank Routing Bank Account Check Number Number Number Number							
DEPOSIT AMOUNTS & POLICY							
For residential customers, your deposit is based on the services that the home receives from WSA.							
\$ 50.00 - \$125.00 (depending on meter size) Homes with water service only (on septic tank) \$125.00 - \$275.00 (depending on meter size) Homes with water and sewer service There will be a \$25.00 application fee added to the first bill.							
Please contact WSA Customer Service for the correct deposit amounts, and also for deposit information for commercial, industrial, and other types of accounts.							
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							
Print Name: Signate	ure:	Date:					