

NICHOLSON WATER AUTHORITY
5488 HWY 441 S
PO BOX 99
NICHOLSON, GA 30565
706-757-2230

APPLICATION FOR WATER SERVICE

OFFICE USE ONLY:

Pd Deposit: _____

Acct #: _____

Location: _____

Read: _____

Meter ID: _____

Serial ID: _____

APPLICATION MUST BE COMPLETED IN ITS ENTIRE INCLUDING ALL REQUIRED FEES.

FAILURE TO ADHERE TO THE SERVICE RULES AND REGULATIONS WILL RESULT IN IMMEDIATE TERMINATION OF SERVICE WITHOUT NOTICE.

1. APPLICANT NAME: _____
2. CO-APPLICANT/SPOUSE NAME: _____
3. APPLICANT PHONE #: _____
4. DATE OF APPLICATION: _____
5. ADDRESS OF SERVICE: _____
6. BILLING ADDRESS: _____
7. EMAIL ADDRESS (FOR NWA USE ONLY): _____
8. IS WATER CURRENTLY ON? YES _____ NO _____
9. PURPOSE FOR WHICH SERVICE IS TO BE USED: COMMERCIAL _____ RESIDENTIAL _____
10. APPLICANT IS: OWNER _____ TENANT _____ AGENT _____
11. PREFERRED METHOD OF CONTACT: PHONE _____ EMAIL _____ TEXT MESSAGE _____

BY SIGNING BELOW, YOU ARE ACKNOWLEDGING THAT YOU HAVE RECEIVED A COPY OF OUR WATER SERVICE RULES.

SIGNATURE OF APPLICANT

DATE