

**NICHOLSON WATER AUTHORITY**  
175 LAKEVIEW DRIVE  
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