



P.O. Box 3020
Cleveland, GA 30528-0052
Phone: 706-865-0788
Fax: 706-865-0329

INSPECTION / CLEANING REQUEST

Date _____

Please activate water service at the following Service Address:

On the date of _____ Disconnected on _____ (48 hrs)

Name / Company Name and Billing Address:

Current Telephone Number _____

I understand that any water usage over 1,000 gallons will be billed to the above address at WCWA current water rates. Payment will be due 15 days after bill is mailed.

Receipt of Non-Refundable Payment

Amount	\$ _____	Check # _____	Cash
WCWA Signature		Date	

Customer's Signature