



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

<b>Amount</b>	<b>\$</b> _____	<b>Check #</b> _____	<b>Cash</b>
<b>WCWA Signature</b>		<b>Date</b>	

\_\_\_\_\_  
Customer's Signature