

New Meter Application Clayton County Water Authority Residential

E-mail: ccwa\_customerservice@ccwa.us

## **Builder Information**

| Builder:   | If application, quote #: |  |  |  |  |  |  |  |
|--|--------------------------|--|--|--|--|--|--|--|
| Contact Name:  | E-mail address:          |  |  |  |  |  |  |  |
| Primary Phone Number:  | Primary Phone Type:      |  |  |  |  |  |  |  |
| Alternate Phone Number: Alternate Phone Type:  |                          |  |  |  |  |  |  |  |
| Mailing Address:   |                          |  |  |  |  |  |  |  |
| Street Address   | Unit/Lot#                |  |  |  |  |  |  |  |
|  |                          |  |  |  |  |  |  |  |
| City   | State Zip Code           |  |  |  |  |  |  |  |
| Tax Identification or Social Security #:   |                          |  |  |  |  |  |  |  |
| Number of Meters:  |                          |  |  |  |  |  |  |  |
| Name of Subdivision:   |                          |  |  |  |  |  |  |  |
| Are you inside the city limits?  YES NO If yes, city?  |                          |  |  |  |  |  |  |  |
|  |                          |  |  |  |  |  |  |  |
| Service Information  |                          |  |  |  |  |  |  |  |
| Name on the account (if different from the builder):   |                          |  |  |  |  |  |  |  |
| Primary Phone Number:  | Primary Phone Type:      |  |  |  |  |  |  |  |
| Alternate Phone Number: Alternate Phone Type:  |                          |  |  |  |  |  |  |  |
| E-mail Address:  |                          |  |  |  |  |  |  |  |
| Billing Address:   |                          |  |  |  |  |  |  |  |
|  |                          |  |  |  |  |  |  |  |
|  |                          |  |  |  |  |  |  |  |
| By signing, the customer agrees that any information listed in the above appli ation is correct and that he or she has received the<br>"Location for Water Services" form. |                          |  |  |  |  |  |  |  |
|  |                          |  |  |  |  |  |  |  |
| Print Name Signature   | Date                     |  |  |  |  |  |  |  |
|  |                          |  |  |  |  |  |  |  |
| Office Use Only  |                          |  |  |  |  |  |  |  |
| Is this subdivision on the "Approved to Set List?"   | TYES NO                  |  |  |  |  |  |  |  |

| Type of Service:  |                          | U Wate | Water/Sewer |  | Water Only               |                 |  |  |
|-------------------|--------------------------|--------|-------------|--|--------------------------|-----------------|--|--|
|                   | with fire protection red |        | YES         |  | 0<br>in 1" meter with fi | re protection * |  |  |
| Existing Met      |                          |        | New Meter?  |  | □ NO                     | re protection.  |  |  |
| Service Locations |                          |        |             |  |                          |                 |  |  |
| 1.                |                          |        | 9           |  |                          |                 |  |  |
|                   |                          |        |             |  |                          |                 |  |  |
| 2                 |                          |        | 10          |  |                          |                 |  |  |
|                   |                          |        |             |  |                          |                 |  |  |
| 3.                |                          |        | 11          |  |                          |                 |  |  |
|                   |                          |        |             |  |                          |                 |  |  |
| 4.                |                          |        | 12.         |  |                          |                 |  |  |
|                   |                          |        |             |  |                          |                 |  |  |
| 5.                |                          |        | 13.         |  |                          |                 |  |  |
|                   |                          |        |             |  |                          |                 |  |  |
| 6.                |                          |        | 14.         |  |                          |                 |  |  |
|                   |                          |        |             |  |                          |                 |  |  |
| 7                 |                          |        | 15.         |  |                          |                 |  |  |
|                   |                          |        |             |  |                          |                 |  |  |
| 8.                |                          |        | 16.         |  |                          |                 |  |  |
|                   |                          |        |             |  |                          |                 |  |  |