CLAYTON COUNTY WATER AUTHORITY MILITARY PROGRAM

Applicant's Name: _	
Address:	
Account Number: _	Contact Phone Number:
* Have an act name	e military program, applicants must meet the following requirements: ive Clayton County Water Authority water and/or sewer account in your of active or retired military or reserves status
* Veteran's Id * DD 214	f status includes: ntification Card lentification Card ense with Veteran's symbol
Authority. The info	I am applying for the Military Program offered by Clayton County Water mation associated with the application has been examined by me, and knowledge and belief, true, correct, and complete.
Signature	Date

Please submit/ return applications to:

Clayton County Water Authority 1600 Battle Creek Rd Morrow, GA 30260

