## **BUTTS COUNTY ET AL., WATER & SEWER AUTHORITY CUSTOMER ACCOUNT INFORMATION SHEET**

SERVICE REQUESTED:	Water Service New Connection Existing							
	Sewer Service New Connection Existing							
CUSTOMER NAME:	Social Security #:							
SPOUSE NAME: ( <i>if joint account</i> ) Social Security #:								
SERVICE ADDRESS:								
CITY/STATE/ZIP								
TELEPHONE	(H) (W)							
BILLING ADDRESS:								
CITY/STATE/ZIP								
TELEPHONE	(H) (W)							
TYPE USE:	residentialcommercialindustrialother:							
Under construction?	Other notes?							
<u>R</u>	ENTAL PROPERTY INFORMATION (complete only if rental)							
WHO WILL PAY BILL?	ownerrenter							
NAME OF RENTER	·							
LANDLORD:	Name							
(If not shown for service or billing)	Street							
	City/State/Zip							
	Telephone							
Customer Signature	Date of Application / /							
	THIS SECTION FOR OFFICE USE							
CUSTOMER ACCT. #	LANDLORD ACCT. #							
Map Parcel	Subdivision Lot							
METER NUMBER	TYPE METER							
Water tap needed: Yes	sNo_Size:" - date purchased/_/Work Order # Date Installed _/_/							
Sewer Conn. needed:Y	esNoSize:" - date purchased// Work Order # Date Installed/_/							
Backflow Preventor - date pur								
	e / City/County Sewer <u>\$</u> Date / Activation Fee: <u>\$</u> Date /							
DESCRIPTION OF HOUSE:								

FOR NEW SERVICE CONNECTIONS PLEASE FILL OUT NEXT PAGE

## **USE THIS SECTION FOR CAPITAL RECOVERY FEES**

WILL PAY STANDARD CAPITAL RECOVERY FEE

INDIVIDUAL FEE DETERMINATION REQUESTED (Attach Individual Fee calculation study)

CAPITAL RECOVERY FEE PAID:

WATER: (amount) \$\_\_\_\_\_ DATE PAID: \_\_\_\_/

SEWER: (amount) \$\_\_\_\_\_ DATE PAID: \_\_\_\_ /

WATER CALCULATION:

Use	Equivalent Dwelling Units (EDU)	Units	County	Unit Fee	Total

SEWER CALCULATION:

Use	Equivalent Dwelling Units (EDU)	Units	County	Unit Fee	Total