

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

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SERVICE REQUESTED: ☐ Water Service ☐ Existing ☐ New Connection ☐ SPLOST Project?
☐ Sewer Service ☐ Existing ☐ New Connection

CUSTOMER NAME: _____ Social Security: _____

SPOUSE NAME: (if joint account) _____ Social Security#: _____

SERVICE ADDRESS: _____

CITY/STATE/ZIP _____

TELEPHONE (H) _____ (W) _____ (C) _____

BILLING ADDRESS : (if different) _____

CITY/STATE/ZIP _____

E-MAIL Primary: _____ Secondary: _____

TYPE USE: ☐ residential ☐ commercial ☐ industrial ☐ other: _____

Under construction? ☐

Other notes? _____

RENTAL PROPERTY INFORMATION (complete only if rental)

WHO WILL PAY BILL? ☐ owner ☐ renter

NAME OF RENTER: _____

LANDLORD: (If not shown for service or billing) Name _____
Street _____

City/State/Zip _____

Customer Signature _____

Date of Application ____/____/____

SECTION BELOW FOR OFFICE USE ONLY

CUSTOMER ACCT. # _____ LANDLORD ACCT. # _____ SERVICE APP. # _____

Map _____ Parcel _____ Sub Parcel _____ Subdivision _____ Lot _____

METER NUMBER _____ TYPE METER _____

Water tap needed: ☐ Yes ☐ No Size: _____" - date purchased ____/____/____ Work Order # _____ Date Installed ____/____/____

Sewer Conn. needed: ☐ Yes ☐ No Size: _____" - date purchased ____/____/____ Work Order # _____ Date Installed ____/____/____

Backflow Preventor - date purchased ____/____/____ Or _____ Purchased Separately Type Backflow Preventor _____

Deposits: Water \$ _____ Date ____/____/____ City/County Sewer \$ _____ Date ____/____/____ Activation Fee: \$ _____ Date ____/____/____

LOCATION OF METER: _____

DESCRIPTION OF HOUSE: _____

FOR NEW SERVICE CONNECTIONS PLEASE FILL OUT NEXT PAGE

ATTACH COPY OF CASH DRAWER RECEIPT TO BACK OF THIS PAGE



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CONNECTION FEES PAID

CAPITAL RECOVERY FEE PAID:

WATER: \$ _____

SEWER: \$ _____

TAP FEE PAID: \$ _____

METER FEE PAID: \$ _____

_____ PUBLIC-FUNDED PROJECT TAP (No water capital recovery fee)

_____ SUBDIVISION SERVICE (No tap fee where already stubbed out)

USE THIS SECTION TO DOCUMENT CAPITAL RECOVERY FEES

_____ WILL PAY STANDARD CAPITAL RECOVERY FEE

_____ INDIVIDUAL FEE DETERMINATION REQUESTED;
REASON FOR REQUEST: _____
(Attach Individual Fee calculation study)

SEWER CAPITAL RECOVERY FEE CALCULATION:

Use	Basis of Calculation	County	Unit Fee	Total