

JASPER COUNTY WATER & SEWER AUTHORITY
PO BOX 47
MONTICELLO, GA 31064

DATE SERVICE TO BEGIN _____ TRANSFER (TO)(FROM) _____

NAME _____
(LAST) (FIRST) (MI)

SPOUSE _____
(LAST) (FIRST) (MI)

PHONE# _____ SPOUSE PHONE# _____

EMAIL _____

SERVICE ADDRESS _____
CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____

OWN RENT OWNERS NAME _____

I DO NOT WISH TO FURNISH THE FOLLOWING INFORMATION :
ETHNICITY: HISPANIC OR LATINO NOT HISPANIC OR LATINO
RACE: AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK OR AFRICAN AMERICAN
NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE

I HAVE RECEIVED A COPY OF THE WATER SERVICE ACCOUNTS POLICY & PROCEDURE
(MINIMUM MONTHLY DUE IS \$41.06--REGARDLESS OF WATER USAGE)

SIGNED _____ DATE _____

OFFICE USE ONLY

CONNECT FEE _____ DEPOSIT _____ CHECK/CREDIT/CASH

TAKEN BY _____ DATE _____

ACCOUNT# _____ METER ID _____ ROUTE# _____

SENT TO TECHNICIAN (IF APPLICABLE) DATE _____