

LINCOLN COUNTY WATER DEPARTMENT

P. O. BOX 340 - 107 Perryman Avenue - LINCOLNTON, GA 30817

PH# (706) 359-5523 /FAX (706) 359-5831

Please print. All information must be complete.

APPLICATION FOR SERVICE

NAME: _____ TELEPHONE: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

TYPE: () RESIDENTIAL () BUSINESS/COMMERCIAL () INDUSTRIAL

SERVICE ADDRESS: _____

AGREEMENT

The undersigned hereby applies for water service for a term of not less than six (6) months and agrees to and understands the following:

1. To grant an easement on the above-described land to Lincoln County, with the right to maintain and inspect water pipelines and appurtenant facilities.
2. To pay a **non-refundable** set-up fee of \$35.00 and all monthly water charges by the 10th of the following month in which the water was used. I understand that if water charges are not paid by the 10th of the following month in which the water was used, a penalty of 10% will also be due on any unpaid balance.
3. I agree to claim no damage for any stoppage of the flow of water resulting from accident; or when stopped to make necessary alterations, repairs, or improvements; or from conditions over which Lincoln County has no control. I further agree to keep all plumbing and fixtures on my premises in good repair and to promptly stop all leaks.
4. I agree to pay the water user fees for the premises described above at the Lincoln County Water Department, 107 Perryman Avenue, Lincolnton, Georgia, until such time that I order water service discontinued in writing.
5. I understand that any water bill properly rendered and not paid in full by the 25th of the month rendered will result in the water supply being cut off and locked at the meter, and a reconnect charge of \$50.00 and any unpaid user fees shall be paid before service will be restored.
6. I further understand and agree to disconnect and keep disconnected any other water sources or supply including private wells. I understand that for failure to comply with this agreement, any part thereof, or any of the conditions of Water Ordinance Number 17-1, as amended, Lincoln County may discontinue my water service without any notice to me. I further agree to comply with the provisions of Ordinance Number 17-1, as amended, which ordinance and all amendments thereto are by reference made a part of this agreement.

SIGNATURE: _____

DATE: _____

The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

- () White, not of Hispanic origin () Hispanic () American Indian or Alaskan native
() Black, not of Hispanic origin () Asian or Pacific Islander

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, DC 20250.

DISCLAIMER: *If it is determined unfeasible to provide water service to your area, any funds paid to Lincoln County will be refunded to you promptly, with no liability to the County.*

OFFICE USE ONLY:

Location: _____ Account Number: _____ S/N: _____ Date Installed: _____

Tap-On Paid: _____ Set-Up Fee Paid: _____ Inspected: _____

Beginning Reading: _____ Rate: _____ Other: _____