

**DADE COUNTY WATER & SEWER AUTHORITY**  
**P.O. BOX 1047**  
**TRENTON, GA 30752**  
**(706)657-4341 / (706)657-6778 FAX**  
**FIRE HYDRANT APPLICATION**

(THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER)

DATE: \_\_\_\_\_

ACCOUNT#: \_\_\_\_\_

NAME: \_\_\_\_\_

CELL PHONE : (\_\_\_\_) \_\_\_\_\_ COMPANY PHONE: (\_\_\_\_) \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

I AGREE TO USE THE WATER ACCORDING TO THE RULES AND REGULATION OF THE DADE COUNTY WATER AUTHORITY COMPANY AND THAT ALL WATER USED WILL BE METERED.

I AGREE TO PAY IT IN ACCORDANCE WITH THE RATES APPROVED BY THE DADE CO WATER AUTHORITY, BOARD OF DIRECTORS WITHIN (15) DAYS FROM THE DATE ON WHICH BILLS IS INVOICE IS RENDERED OR BY THE DUE DATE PRINTED ON INVOICE.

I AGREE TO PAY ALL EXPENSES INCLUDING REASONABLE ATTORNEY'S FEES INCIDENT TO COLLECTION BY THE COMPANY FOR WATER SERVICE RENERED TO ME BY THE COMPANY.

KEEP THIS FORM WITH METER FOR POLICE DEPT INFO AT ALL TIMES. ANYONE RECEIVING WATER WITHOUT PERMISSION OF THE DADE COUNTY WATER AUTHORITY WILL BE PROSECUTED TO THE FULL EXTENT OF THE LAW.

(16-8-5. THEFT OF SERVICES)

A PERSON COMMITS THE OFFENSE OF THEFT OF SERVICES WHEN BY DECEPTION AND WITH THE INTENT TO AVOID PAYMENT HE/SHE KNOWINGLY OBTAINS SERVICES, ACCOMMODATIONS, ENTERTAINMENT, OR THE USE OF PERSONAL PROPTERY WHICH IS AVAILABLE ONLY FOR COMPENSATION. (CODE 1933, 26-1807, ENCHATED BY GA.L.P.1249&1.)

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**PLEASE READ AND INTINAL THE FOLLOWING:**

\_\_\_ CUSTOMER AGREES TO RETURN THE FIRE HYDRANT METER WITH GATE VALVE CLOSED. IF THE GATE VALVE IS RETURNED OPENED THE DEPOSIT WILL BE HELD UNTIL THE FIRE HYRDANT METER IS TESTED.

\_\_\_ CUSTOMER AGREES TO PAY FOR WATER USAGE ON THE DAY OF RETURN.

\_\_\_ CUSTOMER AGREES THEY MUST PLACE THE FIRE HYDRANT METER ON THE HYDRANT, TURN THE HYRDANT ON, AND CONTROL THE FLOW WITH FIRE HYDRANT METER, NOT THE FIRE HYDRANT.

CUSTOMER'S SIGNATURE: \_\_\_\_\_

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**Fire Hydrant Meter Deposit= \$700.00**

METER ID# \_\_\_\_\_ METER MAKE \_\_\_\_\_ READING \_\_\_\_\_

USAGE LOCATION \_\_\_\_\_

RETURN DATE: \_\_\_\_\_ RETURN READING: \_\_\_\_\_

ACCEPTED BY DADE CO WATER EMPLOYEE: \_\_\_\_\_

COMPELETED BY DADE CO WATER EMPLOYEE: \_\_\_\_\_