



WATER & SEWERAGE AUTHORITY
PROTECTING THE ENVIRONMENT AS WE SERVE
1023 Progress Road
Ellijay, Ga 30540
706-276-2202

CUT-OFF AUTHORIZATION FORM

Please turn off and lock my water meter as of _____.
(Date)

New Mailing Address: _____

Home Phone: _____ Email: _____

Cell or Work Phone: _____

Last 4 Digits of Social Security #: _____ Date of Birth: _____

Disconnect scheduled on the first day of the month will not be charged the minimum for the current month. Disconnect on the 2nd or later will be charged the minimum for that month.

Any deposit will be applied to the final bill.

If there is a refund due (check one):

_____ Refund to the above address.

_____ Refund electronically to the bank account on file

If a balance is due on the final bill, it will be mailed to the address above and is due within 20 days to avoid being sent to collections.

Account Name: _____

Account #: _____

Signature: _____

EGCWSA Signature: _____

Date: _____

Form may be emailed to customerservice@egcwsa.com