

TOWNS COUNTY WATER AND SEWERAGE AUTHORITY
P.O. BOX 8
YOUNG HARRIS GA 30582
706-896-4372
townscountywater@gmail.com

24 HOUR METER UNLOCK FORM

I, _____, agree to pay a non-refundable **\$50** for a **24 hour**
Print name

reconnection fee for the purpose of checking the water lines at the following address:

The applicant also agrees that any water usage in excess of 1,000 gallons will be the sole responsibility of said applicant. The meter will remain unlocked for 24 hours. The meter will be read when the meter is unlocked and again when it is re-locked for the purpose of determining usage. Any water used in excess of 1,000 gallons will be billed at the rate of \$6.00 per thousand gallons. The overage will be due from the applicant within 14 days of the meter unlock date.

Signed by: _____ Date: _____

Billing address for overage: _____

ERT # : _____

TIME & DATE UNLOCKED _____ READING _____ EMPLOYEE _____

TIME & DATE RELOCKED _____ READING _____ EMPLOYEE _____