



50 River Street Hiawasse, GA 30546 706-896-2202

Date for Unlock: _____

Meter # _____

I, _____, agree to pay \$50.00 reconnect

Fee to City of Hiawasse for the purpose of checking water lines at the following address:

_____.

I also agree that any water usage during that time will be my sole responsibility. The meter will remain unlocked for 24 hours. Readings will be made when the meter is unlocked and again when it is relocked for the purpose of determining usage.

Any usage in excess of 1,000 gallons will be charged \$4.00 per thousand gallons. This cost will be due within 2 weeks of meter being accessed.

Applicant Signature

Date

Applicant Billing Address

Time Unlocked

Time Relocked

Meter Reading

Meter Reading

City Employee _____

Date _____