

WATER SERVICES REQUEST AND AFFIDAVIT

CYCLE ___ **RTE** ___

Applicant name: _____

Address: _____

Name and title of authorized representative (if not individual customer): _____

Water account no.: _____

Applicable water use average established by Public Utilities Department:

___ Winter Average: _____

___ Annual Average: _____

Applicant requests an amendment to the water use average described above for the following reasons (examples of reasons that would support approval of an amendment include but are not limited to change in number of residents within the household for residential customers or reductions in work force or work hours for nonresidential customers):

NO. () of people in the household

By execution of this document Applicant acknowledges: (1) that this information will be used by the Athens-Clarke County Public Utilities Department to determine the cost of Applicant's monthly water consumption, (2) that this Request and Affidavit may be subject to disclosure upon request of third parties pursuant to the Georgia Open Records Act, and (3) submission of false statements to the Unified Government of Athens-Clarke County is a violation of O.C.G.A. § 16-10-20.

The undersigned represents that the statements made in this document are based upon the undersigned's personal knowledge of the facts stated herein and that such statements are true and correct.

(Signature of Applicant or Authorized Representative) (Date)

(Printed or typed name) (Date)

(Witness) (Date)