

CLAYTON COUNTY WATER AUTHORITY

Application for Senior Citizen Program

Date _____

Name _____

Address _____

I hereby apply for the Senior Citizen Program of the Clayton County Water Authority. I understand that eligibility for this program requires proof of being 62 years or older, and I must be the responsible party for the water and/or sewer account.

I further understand under this program that the Clayton County Water Authority will render my monthly bill on the last working day of each month. The purpose of this billing date is to have the bill fall due when my pension and/or social security checks are received at the first of each month.

All due dates apply to these monthly billings. Payment is due within twenty (20) days to avoid the ten (10) percent late fee. If payment is not received by the required cut off date, my service could be discontinued.

I have attached a copy of a picture identification as proof of my age.

Signature _____

Date _____

Please mail completed form to:

Clayton County Water Authority
1600 Battle Creek Road
Morrow, Georgia 30260-4302