

CITY OF ARNOLDSVILLE
P.O. BOX 2
ARNOLDSVILLE, GA 30619
(706) 742-5036 (VOICEMAIL)
cityofarnoldsville@att.net

CITY OF ARNOLDSVILLE WATER SYSTEM

APPLICATION FOR REDUCTION OF WATER BILL

Date of Application: _____

PROPERTY OWNER/APPLICANT _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE/CELL/FAX: _____
EMAIL: _____

Date of water bill for which reduction is requested: _____

Amount of water bill: _____

Gallons of water used for month reduction requested: _____

REASON FOR REQUEST:

☐ Hardship ☐ Agricultural use

PLEASE LIST ALL REASONS WHY YOU ARE REQUESTING A REDUCTION IN YOUR WATER BILL?

ATTACH ADDITIONAL SHEETS IF NEEDED

INTERNAL USE ONLY

Date of application:
Amount of reduction requested:
Prior average water usage for application address:

Reduction in water bill: _____ APPROVED _____ DENIED

AMOUNT OF REDUCTION IF APPROVED: _____

FINAL WATER BILL: _____