

Paulding County Water System

3844 Atlanta Hwy
Hiram, GA 30141
770-222-6868

WATER & SEWER BILL

Office Hours Monday - Friday 8:00 am - 4:45 pm	Contact Information Phone :770-222-6868 Web: www.Paulding.gov
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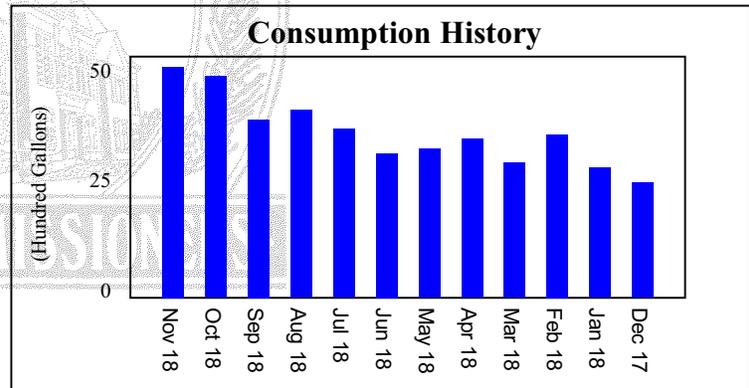
Please help **Paulding County** fight child abuse by including a contribution with your monthly bill. **100%** will go to the **Paulding County Child Advocacy Center.**

Customer Copy - Keep this portion for your records.
Current bill will accrue a 10% penalty if not paid by due date.

Customer				Service Address		
CUSTOMER NAME				SERVICE ADDRESS		
Bill Number	Account Number - Customer Id		Bill Date		Due Date	
BILL NUMBER	ACCOUNT NUMBER - CID		01/02/2019		01/18/2019	
Description	Present Read Date	Previous Read Date	Present Meter Reading	Previous Meter Reading	Usage (Hundred Gallons)	Charge
WATER - RESIDENTIAL	12/20/2018	11/26/2018	401	361	40	42.16
SEWER - RESIDENTIAL	12/20/2018	11/26/2018	401	361	40	35.24
Last Payment Amount	Last Payment Date	Past Due Amount	Current Charges		Amount Due	
85.20	12/14/2018	0.00	77.40		77.40	

OUR OFFICE WILL BE CLOSED ON 1/21/19 FOR MARTIN LUTHER KING JR DAY. NEW RATES WENT INTO EFFECT 1/1/19. PCWS OFFICES ARE MOVING. WE WILL BE CLOSED ON 1/11/19 & RE-OPEN AT OUR NEW LOCATION 1/14/19 AT 3844 ATLANTA HWY, HIRAM, GA 30141. PLEASE VISIT WWW.PAULDING.GOV.

- To view our payment options please visit www.Paulding.gov
- When paying by check, please make sure the numeric and hand-written amounts match to avoid a delay in processing.
- To report a leak, 24 hours a day, please call 770-445-2761.
- To report a street light outage, please call your local power company.
- If your bill appears too high or too low please call Customer Service at 770-222-6868.



Paulding County Water System
P.O. Box 16007
Atlanta GA 30321-0007
ADDRESS SERVICE REQUESTED

WATER & SEWER BILL REMIT PORTION

Bill Number	Due Date	Location	
BILL #	01/18/2019	LOCATION	RT: 91
Account Number - Customer Id		Amount Due	
ACCT # - CID		77.40	

Make Checks Payable To: Paulding County Water System

Amount Paid: \$ _____

Help support abused children in our community with a monthly, charitable contribution to the Paulding Child Advocacy Center.

\$1 \$2 \$5 \$10 or One Time: \$ _____

4110



LAST NAME, FIRST NAME
ADDRESS
CITY, ST ZIP CODE

Paulding County Water System
P.O. Box 16007
Atlanta GA 30321-0007

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