

For Office Use Only:

Account #: _____

Service Start Date: _____

Water/Sewer Dep: _____

Sanitation Dep: _____



Amount Paid: _____

Payment Type: _____

Initials: _____

Business Name _____ Type of Business _____

Federal Tax ID# _____ Business License # _____ Building Square Footage _____

Office Telephone # _____ Fax Telephone # _____ Email Address _____

Service Address _____

Mailing Address (if different from above) _____

Do you: **Own** **Rent - If so, please complete the following:**

Property Owner's Name _____ Property Owner's Telephone # _____

Property Owner's Address _____

Business Contact Information:

Contact's Name (i.e. Employee/Manager/Owner) _____

Contact's Address _____ Contact's Telephone # _____

Have you ever had services with the City of Port Wentworth?

- No
- Yes – If so, any outstanding balance must be paid in full.

Please select your Sanitation Services:

<input checked="" type="checkbox"/>	CONTAINER SIZES	# OF PICK-UPS
	Sanitation Cart	2
	4-yard Dumpster	2
	4-yard Dumpster	3
	4-yard Dumpster	5
	6-yard Dumpster	2
	6-yard Dumpster	3
	6-yard Dumpster	5
	8-yard Dumpster	2
	8-yard Dumpster	3
	8-yard Dumpster	5
Recycling will be an additional fee if requested		

Type of Service Requested:

- Commercial Water
- Commercial Sewer
- Commercial Sanitation/Trash
- Commercial Irrigation (if present)

By signing this application, I commit to the responsibility for the address stated above. I understand a 10% penalty is added to any unpaid balance that is not received by 5pm on the last business day of the month. Failure to receive a bill will not prevent any bill from becoming delinquent, acquiring fees or disconnection. Nonpayment of past due amounts must be received by 5pm on the 14th day of the following month of the original billing date. Past due balances must be paid in FULL before the 15th day of the month or services will be disconnected without further notice, a \$50 fee will be assessed, and the full balance must be paid to restore services. I acknowledge that by damaging, tampering, or interfering with the water meter, which is City property, will result in a fee of \$500. *Please refer to our City of Port Wentworth Policies & Procedures booklet for further information.*

Applicant Signature _____ Date _____



City of Port Wentworth

Attachment to the Service Application

Applicant's Name

Service Address

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.”

- White, not of Hispanic origin** **Male**
- Black, not of Hispanic origin** **Female**
- American Indian or Alaskan Native**
- Hispanic**
- Asian or Pacific Islander**

“This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the Secretary of Agriculture, Washington, D.C. 20250”

Signature of Applicant

Date