

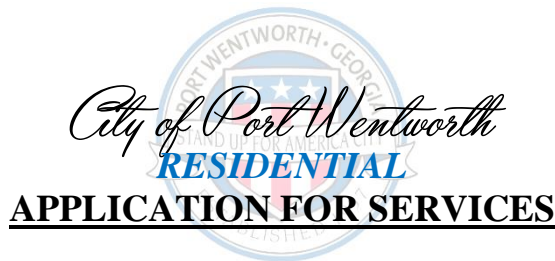
**For Office Use Only:**

Account #: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Water/Sewer Dep: \_\_\_\_\_

Trash Container Fee: \_\_\_\_\_



Amount Paid: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Initials: \_\_\_\_\_

Applicant Name \_\_\_\_\_ Driver's License # / State \_\_\_\_\_ Social Security # / Tax ID # \_\_\_\_\_

Co-Applicant Name (co-applicant must be present) \_\_\_\_\_ Driver's License # / State \_\_\_\_\_ Social Security # \_\_\_\_\_

Applicant Mobile Telephone # \_\_\_\_\_ Co-Applicant Mobile Telephone # \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Email Address (please provide active account for electronic billing) \_\_\_\_\_

Service Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

**Is the Applicant Employed:**     No     Yes – If yes, please complete the following:

Employer \_\_\_\_\_ Employer's Telephone # \_\_\_\_\_

Employer's Address \_\_\_\_\_

**Check one:**     Owner(s)     Management Company     Tenant(s) - If so, please complete the following:

Landlord's Name \_\_\_\_\_ Landlord's Telephone # \_\_\_\_\_

Landlord's Address \_\_\_\_\_

**Alternate Contact Information:**

Name of Relative or Contact NOT Living with You \_\_\_\_\_

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.

**Type of Service Requested:**

- Residential Water
- Residential Sewer
- Residential Sanitation/Trash

*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 14<sup>th</sup> day of the following month of the original billing date. Past due balances must be paid in FULL before the 15<sup>th</sup> 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 \_\_\_\_\_ Co-Applicant Signature (co-applicant must be present) \_\_\_\_\_ Date \_\_\_\_\_



*City of Port Wentworth*

## Attachment to the Service Application

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Applicant's Name

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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”**

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Signature of Applicant

Date