



**BRUNSWICK-GLYNN
JOINT WATER & SEWER COMMISSION**

1703 Gloucester Street
Brunswick, GA 31520
Customer Service: (912)261-7100
Fax: (912)261-7179
Email: info@bgjwsc.org

Checklist for Residential Application (Start Service)

Send all completed documents along with copies of ID and occupancy verification to:

Fax: **(912) 261-7179** Email: **info@bgjwsc.org**

or

Mail: **Brunswick-Glynn Joint Water & Sewer Commission**
1703 Gloucester Street
Brunswick, GA 31520

- ☐ Completed application.
- ☐ A copy of acceptable identification in the form of a picture ID
-Drivers License, Passport, etc.
- ☐ Verification of your Social Security Number
-Including your SSN on this application is not required if applying for service in person at our office, but the JWSC must obtain your SSN in order to verify your identity, pursuant to FTC regulations, in order to establish a covered account. This can be provided by other means before opening your account.
- ☐ Documentation from at least one other utility service that is established in your name corresponding to the service address you are applying for will be required when this application is submitted.
- ☐ Billing- All new accounts will be billed for all water and sewer from the last account of record unless the customer can prove otherwise by bringing items such as a lease or rental agreement or closing statement.
- ☐ Deposit – Residential customers - Minimum: \$100.00
- ☐ Account Establishment Fee – : \$55.00

Your deposit and connection fee **must** accompany the application when you either mail, email or fax it in. Payments can be made by check or credit card. Make your check payable to Brunswick - Glynn JWSC (mail only when paying by check).

If you wish to pay by credit card, please fill out the following and sign which authorizes a charge of the above corresponding amount for a deposit. Otherwise, payments must be made in person at Customer Service (you must present credit card when paying in person). Please note: This transaction is for a onetime charge to cover the amount of deposit and account establishment fee and does not constitute an agreement for recurring payments from given card information.

Card Type: ☐ Visa ☐ MasterCard ☐ Discover Card

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Card Number: _____

Exp Date: ____/____/____ CVV Number on Back: _____

Signature: _____

*By signing the above you agree to a onetime charge of the deposit amount and account establishment fee for service.

Office Use Only

Entered By: _____

Initial: _____

- ☐ Start Service
- ☐ Stop Service
- ☐ Transfer Service



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Residential Application for Service

To Transfer Service Pay \$ _____ **Authorized by:** _____

Have you ever had water/sewer service within Brunswick-Glynn County Service Area? ☐ Yes ☐ No

If yes, last address: _____

TURN ON WATER:	Account No.	TURN OFF WATER:	Account No.
Service Address:		Service Address:	
City:	Zip Code:	City:	Zip Code:
Effective Date: / /		Effective Date: / /	

Applicant Information			
Last Name:	First Name:		Middle or Maiden Name:
Date of Birth: ____ / ____ / ____	Driver's License #:	State:	Social Security Number:
Primary Phone:		<input type="checkbox"/> Work <input type="checkbox"/> Cell	

Billing or Forwarding Address (If different):		
Street Address		Default Bill Delivery Methods: Statements will be e-mailed
City:	State:	ZIP or Postal Code:
Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent	Donation Program: <input type="checkbox"/> Roundup <input type="checkbox"/> \$1 a Month <input type="checkbox"/> \$5 a Month <input type="checkbox"/> Other _____	Email Address:

Co-applicant Information (Signature required) *Responsible for account		
Last Name:	First Name:	Middle or Maiden:
Date of Birth: ____ / ____ / ____	Driver's License #:	State:
Social Security Number:		
Additional Person Authorized on Account (no signature required) :		

Landlord Contact			
Landlord's Name:		Landlord's Address:	
City:	State:	ZIP Code:	Phone:

The undersigned hereby requests provision of water and sewer service by Brunswick-Glynn Joint Water and Sewer Commission, for the premises described hereon, for which I agree to pay monthly at the scheduled rate then in effect when due. I will give written notice to the JWSC of my vacating or selling of said premises. I will comply with the rules and regulations of the JWSC making them a part of this agreement. In the event of default of payment, the ordinances of the JWSC will apply and any fees assessed for such default will be my responsibility. I agree to claim no damage on account of the stoppage of the flow of water or sewer resulting from accident or the making of alterations, repairs or improvement by the JWSC. I agree to keep all plumbing on the premises in repair and promptly stop all leaks. If I fail to comply with this agreement, or any part thereof, the JWSC may turn off the water and/or discontinue sewer services to the premises without notice to me. The JWSC reserves the right to contact the applicant hereon at any of the locations described herein. I acknowledge receipt of the Customer Information Brochure.

Signature of Applicant:	Date: / /
Signature of Co-applicant:	Date: / /

Account in Collections: _____ Balance: _____ Documents Received: <input type="checkbox"/> Lease <input type="checkbox"/> Closing Statement <input type="checkbox"/> Gov't Issued ID <input type="checkbox"/> Utility Bill Deposit Required: _____ Application Fee: _____ Other Applicable Fees: _____ Deposit Received: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card Deposit Transferred: <input type="checkbox"/> _____ Beginning Reading: _____ REU's: _____	Checked By:(Initial) Date: 	Entered By:(Initial) Date:
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