

- Start Service
- Stop Service
- Transfer Service



**Brunswick-Glynn County  
Joint Water & Sewer Commission**

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

Please complete areas highlighted in yellow.

Submit with a copy of your Government-Issued Photo ID

| STOP SERVICE REQUEST(RESIDENTIAL)  |   |
|--|---|
| Have you ever had water/sewer service within Brunswick-Glynn County Service Area? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| If yes, last address: _____  |   |
|  | TURN OFF WATER: <input type="checkbox"/> <b>Account No.</b> _____ |
| Service Address: _____   |   |
| City: _____ Zip Code: _____  |   |
| Effective Date: _____ / _____ / _____  |   |

| Applicant Information                |                           |                         |
|--------------------------------------|---------------------------|-------------------------|
| Last Name: _____                     | First Name: _____         | Middle or Maiden: _____ |
| Date of Birth: _____ / _____ / _____ | Driver's License #: _____ | Issuing State: _____    |
| Primary Phone: _____                 |                           | Work or Cell: _____     |

| Billing or Forwarding Address (If different):                      |                      |                           |
|--|----------------------|---------------------------|
| _____  |                      |                           |
| City: _____  | State: _____         | ZIP or Postal Code: _____ |
| Do You: <input type="checkbox"/> Own <input type="checkbox"/> Rent | Email Address: _____ |                           |

| Co-applicant Information (Signature required) *Responsible for account |                           |                         |
|--|---------------------------|-------------------------|
| Last Name: _____   | First Name: _____         | Middle or Maiden: _____ |
| Date of Birth: _____ / _____ / _____                                   | Driver's License #: _____ | Issuing State: _____    |
| 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 County 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: _____ / _____ / _____ |

|   |  |  |
|---|--|--|
| Documents Received: <input type="checkbox"/> Lease <input type="checkbox"/> Closing Statement <input type="checkbox"/> Driver's License<br><input type="checkbox"/> Approved Picture Identification | Checked By:(Initial) <input style="border: 1px solid orange; width: 30px; height: 20px;" type="text"/> | Entered By:(Initial) <input style="border: 1px solid orange; width: 30px; height: 20px;" type="text"/> |
| Deposit Received: \$ _____ <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash<br>Deposit Transferred: <input type="checkbox"/>                       | Date: _____  | Date: _____  |