



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

1703 Gloucester Street
Brunswick, GA 31520
Customer Service: (912) 261-7100
Fax: (912) 261-7179

Checklist for Residential Application Transfer

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

Fax: (912) 261-7179

or

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

1703 Gloucester Street

Brunswick, GA 31520

or Email to: info@bgjwsc.org

Completed application.

A copy of acceptable identification in the form of a government-issued picture ID which is clear and legible when submitting this application.

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C o e c i o e e 5 5

Your deposit and connection fee **must** accompany the application when you either mail PDLO or fax it in. Payments can be made by check or credit card. Make checks payable to Brunswick- Glynn County 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 connection 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 connection fee for service.

<i>Office Use Only</i>
<u>Entered By:</u>
Initial: _____

- Start Service
- Transfer Service
- Stop Service



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Residential Application for Service

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

If yes, last address: _____

TURN ON WATER:	TURN OFF WATER:
Account No.	Account No.

Service Address: _____

City:	City:
Zip Code:	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: _____ Work Cell

Billing or Forwarding Address (If different):

City:	State:	ZIP or Postal Code:
_____	_____	_____

Do You: Own Rent **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 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: _____ / _____ / _____
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Signature of Co-applicant:	Date: _____ / _____ / _____
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Account in Collections: _____ Innoprise # _____ Documents Received: <input type="checkbox"/> Lease <input type="checkbox"/> Closing Statement <input type="checkbox"/> Driver's License <input type="checkbox"/> Approved Picture ID Deposit Required: _____ Application Fee: _____ Other Applicable Fees: _____ Deposit Received: \$ _____ <input type="checkbox"/> Check # _____ <input type="checkbox"/> Credit Card <input type="checkbox"/> Cash Deposit Transferred: <input type="checkbox"/> _____ Beginning Reading: _____ REU's: _____	Checked By:(Initial) Date: 	Entered By:(Initial) Date:
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