



**BRUNSWICK-GLYNN COUNTY**  
**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 Commercial 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 County Joint Water & Sewer Commission**  
**1703 Gloucester Street**  
**Brunswick, GA 31520**

- ☐ Completed application.
- ☐ A copy of acceptable identification in the form of a picture ID  
-Driver's License, Passport, etc.
- ☐ W-9 or verification of TAX ID #
- ☐ R.E.U. (Residential Equivalency Unit) Evaluation prior to establishing 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.
- ☐ Deposit – City & County district customers: \$150.00 per R.E.U.
- ☐ Billing – All new accounts will be billed for all water and sewer from the last account of record unless the customer can prove otherwise.
- ☐ Connection Fee – City & County district customers: \$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 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.

Office Use Only

**Entered By:** \_\_\_\_\_

Initial: \_\_\_\_\_

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



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 >cjbhK UHf/ GyK Yf 7ca a jggjcb  
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 Brunswick, GA 31520  
 Customer Service: (912)261-7100  
 Fax: (912)261-7179

Email to: info@bgjwsc.org

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Street Address:			Bill Delivery Methods: <input type="checkbox"/> E-bill <input type="checkbox"/> Paper <input type="checkbox"/> Both
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GJ[ bUf fY' cZ 5dd Jmoh		8UH. / /	
GJ[ bUf fY' cZ 7cl Udd' Jmoh		8UH. / /	
Service Deposit Review Completed and Attached to this Application: <input type="checkbox"/> REU's: _____ Documents Received: <input type="checkbox"/> Lease <input type="checkbox"/> Closing Statement <input type="checkbox"/> W-9 <input type="checkbox"/> Driver's License <input type="checkbox"/> Approved Picture ID 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: _____		Ej gengf "D{ <foklen" Date: <input type="text"/>	
		Gpvtgf "D{ <foklen" Date: <input type="text"/>	