



CITY OF PORT WENTWORTH Georgia

7224 GA Highway 21 | Port Wentworth, Georgia 31407
Phone (912) 964-4379 | Fax (912) 966-7429
www.cityofportwentworth.com

UTILITY CHECK LIST

Identification in the form of a driver's license or passport. Copy of Co-applicant's Identification as well.

Proof of Residency – Copy of the mortgage agreement, closing documents, or lease agreement.

Utility Application – Available at City Hall or online www.cityofportwentworth.com.

Service Fee – Residential Water/Sewer Fee \$100.00 / Residential Sanitation Fee \$ 75.00.

For Commercial properties please contact City Hall for the Water, Sewer, and Sanitation fees to establish services.

* Fee is non-refundable

Please keep in mind an application for each individual property shall be required. For same day service the application must be submitted **prior to 12:00pm**, no weekends or holidays. If you elect to disconnect services, it is the tenant/ owner's responsibility to submit a disconnection form.

If you have any questions, please call City Hall 912-964-4379.

For Office Use Only:

Account #: _____

Service Start Date: _____

Water/Sewer Fee: _____

Sanitation Fee: _____



City of Port Wentworth
UTILITY SERVICES
APPLICATION FOR SERVICES

Amount Paid: _____

Payment Type: _____

Initials: _____

Applicant: <input type="checkbox"/> Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Realtor
Type of Service: <input type="checkbox"/> Residential Service <input type="checkbox"/> Commercial Service <input type="checkbox"/> Fire Hydrant

Applicant Name/ Co-Applicant Name (must be present) _____ Applicant/ Co-Applicant Driver's License # / State _____

Social Security Number Federal Tax ID# Commercial Only -Building Square Footage

Telephone # Secondary Telephone # Email Address

Service Address _____

Mailing Address (if different from above) _____

Do you Rent? If so, please complete the following:

Property Owner's Name _____ Property Owner's Telephone # _____

Property Owner's Address _____

Alternative Contact Information:

Contact's Name _____

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.

Please select your Sanitation Services
Commercial Only: (see rate schedule)

Container Size	# of PICK-UPS

Type of Service Requested:

- Water
- Sewer
- Sanitation
- Irrigation (if present)

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 14th day of the following month of the original billing date. Past due balances must be paid in FULL before the 15th 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 minimum fee of \$50 up to \$1000. Please refer to our City of Port Wentworth Policies & Procedures booklet for further information.

Applicant Signature _____

Date _____



City of Port Wentworth Attachment to the Service Application

Applicant's Name

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”

Signature of Applicant

Date

