



# CITY OF PORT WENTWORTH Georgia

7224 GA Highway 21 | Port Wentworth, Georgia 31407

Phone (912) 964-4379 | Fax (912) 966-7429

[www.cityofportwentworth.com](http://www.cityofportwentworth.com)

## RESIDENTIAL UTILITY CHECK LIST

- Identification** in the form of a driver's license or passport
  
- Proof of Residency** – Copy of the mortgage agreement, closing documents, or lease agreement.
  - Listing Agreement OR Proof of Assignment, which should have the property address, the realty company name, and the real estate professional's name that is applying for service.
  - Management Agreement, which includes owner information and dates of contract, and signatures of both parties on the agreement.
  
- Residential Utility Application** - Please visit City Hall to obtain or this can be located on the city website - [www.cityofportwentworth.com](http://www.cityofportwentworth.com) under forms and documents Titled as "Water, Sewer, Sanitation Residential Application".
  
- Deposit** - Water Deposit \$100.00 / Sanitation Fee \$ 75.00

\* Sanitation Fee is non-refundable

For Office Use Only:

Account #: \_\_\_\_\_  
Service Start Date: \_\_\_\_\_  
Water/Sewer Dep: \_\_\_\_\_  
Trash Container Fee: \_\_\_\_\_



Amount Paid: \_\_\_\_\_  
Payment Type: \_\_\_\_\_  
Initials: \_\_\_\_\_

Applicant Name Driver's License # / State Social Security # / Tax ID #

Co-Applicant Name (co-applicant must be present) Driver's License # / State Social Security #

Applicant Mobile Telephone # Co-Applicant Mobile Telephone # Home Telephone #

Email Address (please provide active account for electronic billing)

Service Address

Mailing Address (if different from above)

Is the Applicant Employed:  No  Yes – If yes, please complete the following:

Employer Employer's Telephone #

Employer's Address

Check one:  Owner(s)  Management Company  Tenant(s) - If so, please complete the following:

Landlord's Name Landlord's Telephone #

Landlord's Address

Alternate Contact Information:

Name of Relative or Contact NOT Living with You

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.

Type of Service Requested:  
 Residential Water  
 Residential Sewer  
 Residential Sanitation/Trash

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 fee of \$500. Please refer to our City of Port Wentworth Policies & Procedures booklet for further information.

Applicant Signature Co-Applicant Signature (co-applicant must be present) 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