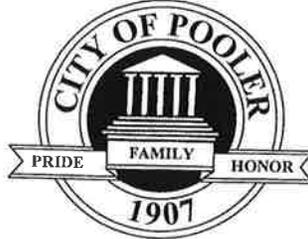


Utility Billing Application

OFFICE USE ONLY

ACCT _____
 SETTLEMENT PAPERS _____ COPY OF C.O. _____
 DEPOSIT RECEIPT # _____ CHECK # _____
 DATE ENTERED ____/____/____ BY: _____

COMMERCIAL APPLICATION



We accept cash, check, & debit
 Applications by mail, fax, or email with required
 documentation and drivers license
 must be submitted to process application.
 City of Pooler
 100 SW Hwy 80
 Pooler, GA 31322
 Ph. (912) 748-7261

utilitybilling@pooler-ga.gov

Today's Date ____/____/____ Date to Start Service ____/____/____
 Service Address _____
 Own _____ Settlement Statement Required Rent _____ **Requires \$300 deposit & copy of lease**
 Mailing Address (If different from service address) _____
 _____ City _____ State _____ Zip _____

Applicant/Owner Information

Business Name _____ Owner's Name _____ M.I. _____
 _____ Owner _____
 Person (Ind. Contractor) Responsible for Bill _____ Business Manager _____
 Business Mailing Address: _____ Federal Employer ID (FEI) or SS # _____
 City _____ State _____ ZIP _____ Phone # _____
 Phone # _____

Bill Delivery Options

I would like to receive bill by: (please check) **MAIL** **EBILL (email)**
 Email (Ebill) address _____ Email address _____

*The following information is required 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 evaluation of 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 observance or surname.

- White, not of Hispanic origin Hispanic Black, not of Hispanic origin
 Asian or Pacific Islander American Indian or Alaskan native

*This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law.
 Complaints of discrimination may be filed with the Secretary of Agriculture, Washington DC 20250*

Your signature below indicates that you, the applicant, have read and understand the following statements:
All information is correct to the best of your (the applicants) knowledge.
You agree to receive utility service(s) from the City of Pooler in accordance with current and future ordinances, regulations, and rates.

Utility Billing Application

Deposits shall not be returned until service is disconnected and the account balance has been paid in full.

All account changes must be submitted in writing to the City of Pooler's Utility Billing Department at 100 SW Hwy 80, Pooler, GA 31322.

The City of Pooler does not require you to be present at the business when service is established. It is your responsibility to ensure that all water faucets are off and there are no leaks during the cut on procedure. If there is any water running at the time of cut on, the water service will be turned off at the meter and a notice will be left on the door instructing you to call the Utility Billing Office to schedule connection.

You are responsible for any and all City of Pooler utility bills generated at the address of service until a request of disconnection is received in writing to the City of Pooler Utility Billing Office. Monthly charges will continue as long as service is furnished in the applicant's name at the service address. Charges for water and sewer services continue when service is active whether used or not.

A 10% late penalty will be applied to your account if the balance is not paid by the due date.

If service is suspended for nonpayment, you will be required to pay account balance in full plus a reconnection fee to have service restored.

Payments made after 5pm are posted the following business day. Any penalty or suspension of service due to payments received after 5pm are the sole responsibility of applicant

eBill is a convenience for utility customers. Applicants are solely responsible for updating eBill information; eBills not received are the sole responsibility of

X

Applicant

X

Date