

### Utility Billing Residential Application

Page 1 of 3

Updated JUNE 2023

#### NOTICE TO APPLICANTS

Forms may be submitted by mail, email, or in person at City Hall. Homeowners shall submit this application along with a copy of closing/settlement statement, and valid photo ID. Renters shall pay a \$150.00 deposit (\$75.00 for sanitation-only accounts) and submit a copy of a lease agreement and valid photo ID. **A \$75 non-refundable sanitation maintenance fee will be billed to all new customers.** Cash, check, or debit may be used to pay fee and deposit.

|  | OFFICE                  | USE ONLY              |                           |
|--|-------------------------|-----------------------|---------------------------|
| Account:   | _ Closing/Settlement: _ |                       | _ Copy of CO:             |
| Check Number:  |                         | _ Deposit Receipt : _ |                           |
| Processed by:  |                         | Date Processed:       |                           |
| Today's Date   |                         |                       | Service Start Date        |
| Service Address  |                         |                       |                           |
| Mailing Address (if different from  Own (settlement statement re | equired)                | (\$150 deposit and co | opy of lease required)    |
| Name   |                         |                       | Date of Birth             |
| Email  |                         |                       | Phone                     |
| Social Security Number   |                         |                       | Drivers License/ID Number |
| Employer   |                         |                       | Employer Phone            |
| Co-Applicant/Spouse Informa                                      | tion                    |                       |                           |
| ☐ Add to bill ☐ Use as co  | ontact only             |                       |                           |



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Page 2 of 3

Updated JUNE 2023

| Co-Applicant/Spouse Name  | Date of Birth  |  |  |
|---|--|--|--|
| Email   | Phone  |  |  |
| Social Security Number  | Drivers License/ID Number  |  |  |
| Employer  | Employer Phone   |  |  |
| Bill Delivery Options   |  |  |  |
| I would like to receive my bill by:   Mail eBill (electronic  | billing via email)   |  |  |
| Applicant Email (for eBill) Co-A  | Co-Applicant/Spouse Email  |  |  |
| Transfer/Previous Address Information   |  |  |  |
| Have you ever had service with the City of Pooler before?   |  |  |  |
| ☐ Yes (if yes, previous address:  | )  |  |  |
| □No   |  |  |  |
| If transferring account, complete Disconnect form or Transfer reque   | est form.  |  |  |
| Demographic Information   |  |  |  |
| The following information is required by the Federal Government in prohibiting discrimination against applicants seeking to participate in this information but are encouraged to do so. This information will rediscriminate against you in any way. However, if you choose not to race/national origin of individual applicants on the basis of visual ob | n the program. You are not required to furnish not be used in evaluation of your application or to furnish it, we are required to note the |  |  |
| ☐ White, not of Hispanic origin ☐ Hispanic  | ☐ Black, not of Hispanic origin  |  |  |
| ☐ Asian or Pacific Islander ☐ America   | n Indian or Alaskan Native   |  |  |
| This is an Equal Opportunity Program. Discrimination is prohibited be filed with the Secretary of Agriculture, Washington, DC 20250.  | by Federal Law. Complaints of discrimination may   |  |  |
| Affidavit   |  |  |  |
| Your signature below indicates that you, the applicant, have read ar  | nd understand the following statements:  |  |  |



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Page 3 of 3

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All information is correct to the best of the applicant's knowledge.

Applicant agrees to receive utility service(s) from the City of Pooler in accordance with current and future ordinances, regulations, and rates. 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.

#### A \$75.00 non-refundable sanitation maintenance fee may be reflected on your first utility bill.

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

Applicant is 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 Department. Monthly charges will continue as long as service is furnished in the applicant's name at the service address. Charges for water, sewer, and sanitation 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 \$50.00 penalty fee to have service restored.

Payments made after 5:00 p.m. are posted the following business day. Any penalty or suspension of service due to payments received after 5:00 p.m. are the sole responsibility of the applicant.

eBill service is a convenience offered to utility customers. Applicants are solely responsible for updating eBill information; e-Bills not received are the sole responsibility of the applicant.

| Applicant Name           | Applicant Signature    | Date |  |
|--------------------------|------------------------|------|--|
|                          |                        |      |  |
| Co-Applicant/Spouse Name | Co-Applicant Signature | Date |  |