

Customer Name

## City of Winder Commercial Utility Application Applications accepted 9:00 AM – 4:30 PM

45 East Athens Street, Winder, GA 30680 Phone 770-867-3106 Fax 770-307-0424 Send to: customer.service@cityofwinder.com

A Legal Photo ID (such as a Valid Driver's License, Government Issued ID or Passport) is required to establish service.

Water Deposit Amount: Restaurant/Bars: Minimum \$500, Car Wash/Laundry Mats: Minimum \$1,000, All Other Commercial: Minimum \$300 Gas Deposit Amount: Minimum \$150 (Cash, Check, Visa or MasterCard)

A Deposit is required for all accounts before service is established. Proof of ownership or lease agreement papers are required. The City of Winder shall attempt collections of all parties listed on lease agreement or closing papers. Any additional costs incurred during the collection process will be the responsibility of said parties.

Service will be connected within the next business day (weekends & holidays not included). A **processing fee of \$50.00** is due for all new accounts. A transfer fee of \$25 may be required if the meter at the new location has been disconnected.

Application must be filled out completely, accurately & legibly in order to establish service. Any applications received after 3:00pm will be processed the **next business day**. Customers who fax applications will receive a phone call if a deposit is needed.

Customer Name.							
Type of Business: (retai	il, restaurant, bank, etc.)		Email:				
Tax ID #:	Contact Person:						
Business Phone #			Cell #				
Service Address:				Su	uite #		
City:	State:	_Zip:	How would you	like to receive ye	our bills? Paper Bills	E-Bills □	
Mailing Address (If dif	ferent):						
City:		State:Z	<u>′</u> ip:				
Owner of Company: _							
Address:	City:			State:Zip:			
Previous City of Winde	er Service? Y N	Do you need to sch	nedule service dis	connect at your c	urrent location: Y	N	
If so, when?							
Previous Address:				_City:	State:	Zip:	
Utility Service Start Dat	te:						
applying for service, the best of my knowl paid and received understand that if I m I understand that I and Customer's	I acknowledge that a edge the above inform on or before 5:00 purpose out of the listed are responsible for all bis must insure all inside presponsibility. I acknowledge that a edge of the control of th	n credit report ma mation is correct. m on the due do ddress, I am requ ills until such time plumbing is shut o wledge if the me	y be ordered to I certify that I a late to avoid per lired to contact to e as the disconnect off. Any damage leter shows unus	o determine eligam responsible enalty. Not recthe Winder Custection form is certain as a result of ual usage that	gibility or deposit requi- e for this account an eiving a bill does not tomer Center and com- ompleted and submitted open faucets or leaks	inside the building is the normal, it may be turned	
Signature:			Da	te:			
For office use only:						Rev 05-17	
New Account #:		Previous A	ccount # (If appl	icable-see disco	nnect form)		
=	=		•				
	ied byBac						
	N Date Checked						
					Date:		
Water Deposit \$	By	Turn On	Unlock	Readout	Date:		