

CHILDERSBURG WATER SEWER & GAS BOARD (CWSG)

In applying for and/or accepting services from CWSG, I do hereby agree and guarantee that I shall abide by all rules and regulations of CWSG as currently existing and as lawfully amended in the future. I acknowledge that a copy of the rules and regulations is available for my review and copying at the corporate office during regular business hours. I understand that execution of this application and agreement binds me to abide by specific rules and regulations of CWSG including, but not limited to, specific requirements regarding the installation and maintenance of the CWSG system located on my property.

Applicant Name

Service Street Address

City

State

Zip Code

Billing Address

City

State

Zip Code

How many separate homes will share services at location? _____

*Including but not limited to apartments, houses, mobile homes and RV's.

Place of Current Employment

Work Phone

Date of Birth

Home Phone

Social Security No.

Driver's License No.

*Please provide copy of Drivers license with application

For value received, I unconditionally guarantee and promise to pay to Childersburg Water, Sewer, & Gas Board any indebtedness incurred on or after the above stated date for services provided by Childersburg Water, Sewer, and Gas Board.

A responsible adult must be at the residence to have service turned on. Childersburg Water Sewer and Gas Board is not responsible for any damage to property.

Signature of Guarantor: _____ Date: _____

All statements are due on date shown. Please allow ample time for delivery when mailing your payment. If you do not receive your bill, contact our office as soon as possible. Failure to receive a bill does not avoid penalties and disconnection. An outside depository is available after hours. A late penalty will be added on the day after the due date. If due date falls on the weekend, the due date becomes the next business day and penalties will be applied accordingly. Service can be disconnected after due date and without notice. A reconnect fee and payment of balance in full must be provided prior to service being restored.

OFFICE USE ONLY

Receipt #: _____

Receipt \$: _____

Customer #: _____

CWSG Initial: _____