WELCOME TO BALDWIN COUNTY WATER – PLEASE READ BEFORE PROCEEDING

1601 N Columbia St Suite 130 Milledgeville, GA 31061 Hours 8:30AM – 4:30PM
www.baldwincountyga.com
PHONE 478 445-4237 **Email** prushin@baldwincountyga.com or lferrell@baldwincountyga.com **FAX** 478-445-6501

FORMS OF PAYMENT: Cash, Check, Money Order, Debit/Credit Card, Automatic Deduction from Checking Account
METHODS OF PAYMENT: In Person, US Mail, Drop Box, Website, Dedicated Phone Line 1-(888) 565-3128
NSF CHECKS, DRAFTS, CC: A **$35 fee plus accrued penalties/charges** will be due on returned checks, drafts or credit cards. Redeem with cash/money order in full amount. Two NSF's within 12 mos = Cash Only status for 12 mos.

RESIDENTIAL/COMMERCIAL DEPOSIT: ***$75 Residential, $100 Commercial*** (incl $5 non-refundable activation fee)

SERVICE REQUIREMENTS: Picture ID, *EVIDENCE* of SSN or Tax ID#, Evidence of Ownership /Signed/Dated Lease
(*THESE ITEMS ARE NON-NEGOTIABLE*)

SERVICE TRANSFER REQUIREMENTS: $25.00 (TRANSFER OF EXISTING B/C SERVICE TO ANOTHER B/C LOCATION) Current Account must be at ZERO BALANCE, (no fees carried forward), ANY PRIOR/OUTSTANDING BALANCE(S) must be paid in full at time of transfer, same *SERVICE REQUIREMENTS* required to establish service at new location, current deposit must be brought up to date. **PLACING YOUR SERVICE IN SOMEONE ELSE'S NAME DOES NOT RELIEVE YOU OF THE RESPONSIBILITY OF AN OUTSTANDING BALANCE IN YOUR NAME.**
PRIVACY LAWS: Prohibit discussion of your account with anyone else. You may provide an authorized user.

IF YOU MOVE, CANCEL YOUR ACCOUNT ASAP. You are responsible for any water usage in your name. You will receive one additional bill after you disconnect to be forwarded to the address you provide. Deposit will apply to FINAL BILL with any excess returned to you. **Please ask for your Service Order # upon cancellation**.

SOLID WASTE: $19.10 billed on water statement. Adn'l cart $10.60. Solid waste hauler Waste Management. Questions regarding service/billing to this office. **ALLOW 7-10 BUSINESS DAYS FOR CART DELIVERY.**

!!!WATER METERS ARE BALDWIN CO OWNED PROPERTY AND FITTED WITH TAMPER-EVIDENT DEVICES. IT IS A PROSECUTABLE OFFENSE TO TAMPER/DESTROY A METER, LOCK DEVICE OR WATER SERVICE. IF YOU DAMAGE A METER OR IF UNAUTHORIZED WATER IS USED, WE WILL TAKE LEGAL ACTION PLUS A $250 TAMPER/DAMAGE FEE!

BILL DELIVERY: We are **NOT RESPONSIBLE** for the delivery of your bill by the US Postal System **but you are responsible for your bill**. Bills are released on the **LAST WORKING DAY** of each month. We can e-mail your bill!

BILL DUE DATES AND PENALTIES: Billing begins on date requested on application. A minimum bill is charged for zero usage. A **$3** penalty applies to accounts not paid in full by the **15th of each month**. Payments must be in this office by 4:30PM on DUE DATE. Late Notices are NOT Mailed. A **$50 late fee** applies to accounts not paid in full by the **25th with disconnection beginning following business day**. IF 15TH OR 25TH FALLS ON HOLIDAY/WEEKEND PAYMENT IS DUE *NEXT BUSINESS DAY.* Accrued Penalty and Late fees become a part of your current bill.

***CUT OF*F INFORMATION**: NO CHECKS ACCEPTED DURING CUT OFF - – **NO PARTIAL PAYMENTS AFTER 15TH -- DISCONNECTED ACCOUNTS ARE RE-CONNECTED NEXT BUSINESS DAY** – Accounts (1) month past due are cut off at meter. Accounts (2) months past due are final billed and deposit applied to outstanding balance.

LEAKS: If you locate a leak, let us know. **THREE CRITERIA must be met** to be considered for an adjustment: (1) increased consumption must exceed 10k gallons greater than last 6-mo avg, (2) dated plumber's receipt of repair or receipt of purchase and (2) verification of decreased consumption. **ONE LEAK ADJUSTMENT PER YEAR**.

BALDWIN COUNTY WATER & SEWER DEPARTMENT - APPLICATION FOR SERVICE

PLEASE READ ATTACHED INFORMATION SHEET BEFORE PROCEEDING

INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

NEW CONNECT: ( )Residential ( )Commercial ( )Water ( )Sewer ( )Solid Waste ( )Irrigation

____/_____/_____ _____ ( )Owner ( )Tenant

START SERVICE DATE **NAME (Positive ID Required) Name on Lease or Deed Must Match Applicant)** **PLEASE CHECK ONE**

MUST PROVIDE

_____-_____-_____ _____ _____

Applicant's SSN or EIN (*Proof Required*) **State** **License #**

AUTHORIZED USER: NONE ( ) _____

NAME **RELATIONSHIP TO YOU** **PHONE NUMBER**

_____

Service Address (full name of street and unit)

_____ _____

Mailing Address **Employer**

(____)_____ _____

Primary Daytime Phone **E-Mail Address**

_____

EMERGENCY CONTACT REQUIRED (Name, Relationship, Address, Telephone) NOT PRIMARY NUMBER

>> >>>> *STOP HERE & SIGN BELOW FOR NEW SERVICE CONNECT*<<<<

DISCONNECT ONLY: _____

NAME (Positive ID Required)

____/_____/_____ _____

STOP SERVICE DATE **Address to DISCONNECT**

_____

FORWARDING Address (REQUIRED)

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE TERMS OF SERVICE ON THE ATTACHED INFORMATION SHEET AND I ACCEPT THE RESPONSIBILITY FOR THE WATER SERVICE PROVIDED AT THIS LOCATION.

_____ _____

>>>DATE OF APPLICATION **>>>CUSTOMER SIGNATURE**

EXISTING DEPOSITS ON ACTIVE WATER SERVICE MAY BE TRANSFERRED TO ANOTHER COUNTY WATER SERVICE UPON PAYMENT OF A *$25 TRANSFER FEE, PAYMENT OF ANY OUTSTANDING BALANCES*.

STOP HERE---------- OFFICE USE ONLY----------OFFICE USE ONLY ----------STOP HERE

NEW ACCT #_____ PREVIOUS ACCT #_____

DEPOSIT PAID $_____ ADMIN FEE $_____ TRANSFER FEE $_____ _____CASH _____CHECK _____CARD

_____ TURN ON _____TURN OFF _____OCC CHANGE _____ READ/TRANSF _____LANDLORD

rev 1/24