

**SOUTH GRANVILLE WATER AND SEWER AUTHORITY**

revised 10/09 rb

**Service Application**

phone 919-575-4068 / fax 919-575-4652

Office Use Only:	
Route _____	Acct# _____
Seq _____	WO # _____
Processed by: _____	Date: _____
<input type="checkbox"/> Connect	<input type="checkbox"/> Change
<input type="checkbox"/> Disconnect	<input type="checkbox"/> Other

Application Date: \_\_\_\_\_

Connection Date: \_\_\_\_\_

Disconnection Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
DOB \_\_\_\_\_

Spouse/other: \_\_\_\_\_ SS# \_\_\_\_\_  
DOB \_\_\_\_\_

Service Street Address: \_\_\_\_\_

Service City, State Zip: \_\_\_\_\_

Type of Service:  House  Apt  Commercial  Institutional  Other

Bill Mailing Address: \_\_\_\_\_  
*(If Different From Above)*

Telephone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Driver License: State: \_\_\_\_\_ #: \_\_\_\_\_ Spouse: State: \_\_\_\_\_ #: \_\_\_\_\_

Renting/Leasing:  Home  Lot Landlord \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

*If acct is in business name, check the type and list the owner/contact information below:*

Type of business:  Partnership  Corporation  S Corporation  LLC operating as \_\_\_\_\_  Other  
Name \_\_\_\_\_ SS# \_\_\_\_\_ phone# \_\_\_\_\_

*If others allowed to inquire about your account, list names/info below:*

Name \_\_\_\_\_ SS# XXX-XX- \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ SS# XXX-XX- \_\_\_\_\_ DOB \_\_\_\_\_

**IT IS THE CUSTOMER'S RESPONSIBILITY TO INSURE THAT FAUCETS, COMMODES, APPLIANCES, ETC. ARE OFF PRIOR TO REQUESTING SERVICE TO BE CONNECTED. ALSO BY SIGNING THIS APPLICATION, THE UNDERSIGNED ACKNOWLEDGES NOTICE OF THE BILLING TERMS AND PROCEDURES LISTED ON THE REVERSE SIDE OF THIS FORM.**

**Signature** \_\_\_\_\_

**MAKE COPY OF DRIVERS LICENSE, SOCIAL SECURITY CARD, AND LEASE.**

Transfers:	
Forwarding Address: _____	
Transferring from :	_____
	Route/Seq _____ / _____
Transferring to :	_____
	Route/Seq _____ / _____

Office Use Only: Fees	
\$ _____	Water Tap type _____
\$ _____	Sewer Tap type _____
\$ _____	Customer Deposit (refundable)
\$ _____	Other: _____
\$ _____	Other: _____
\$ _____	<b>Total Fees Collected</b>

**TO APPLY FOR SGWASA UTILITY SERVICE,  
YOU WILL NEED:**

- Service Application Form
- Social Security Card (*or other approved 2<sup>nd</sup> ID*)
- Driver's License (*or other approved photo ID*)
- Copy of lease if renting
- \$150 deposit (*or 1 month base rate, whichever is greater*)

An individual in whose name an application is made shall be responsible for payment of all bills incurred in connection with the services furnished.

**DEPOSIT \$150.00** *or 1 month combined base rate, whichever is >*  
Deposit can be made by **CASH** or **MONEY ORDER**.

A deposit is required for each account, including bulk accounts. When an account is closed, the deposit is applied to the final bill. If there is a credit balance > \$2, that amount will be refunded, provided a current mailing address is available.

If customer moves from one SGWASA address to another, the deposit will be transferred.

**BILLING**

Customer billings are mailed out no later than the 25th of each month and represents actual usage for the previous month. (For example, bills dated 12-25-20xx represent usage for November.)

**FAILURE TO RECEIVE BILL IN THE MAIL DOES NOT EXCUSE RESPONSIBILITY FOR TIMELY PAYMENT OR PREVENT SERVICE DISCONNECTION.**

**LATE FEE 1.5% (\$5.00 minimum)**

Payment is due by **5:00 p.m. on the 5th of each month** or the next working day after the 5th (if on a holiday or weekend). No past due notices will be sent.

**RECONNECT FEE \$25.00**

If payments are not received in full by **5:00 p.m. on the 12<sup>th</sup> of the following month** or the next working day after the 12th (if on a holiday) or Monday (if the 12<sup>th</sup> is on a Thursday, Friday, or weekend), a \$25 administrative fee (reconnect fee) will be applied and services will be disconnected for accounts with an unpaid balance of \$20 or more.

**Fee will not be waived regardless of disconnect status.**

Disconnection for non-payment will not occur on a Friday, weekend, or holiday.

Prior to reconnection of service, reconnection fee and all arrears must be paid in full.

No reconnection promised after 4:30 pm.

**REQUEST FOR REREAD \$15.00**

There is a charge for customer-initiated requests for rereads; however, if meter was misread by meter staff, there will be no reread charge.

**TAMPERING FEE \$50.00**

Tampering with a meter is a criminal offense (State Statute G.S. 14-151.1)

\$500.00 fine, 2 years in prison, or both.

**Meter reinstallation fee \$100.00**

**RETURNED CHECK FEE \$25.00**

A returned check will require future payments by cash or money order only. After 6 months, customer may request option of paying by check again. A 2<sup>nd</sup> returned check initiates permanent "cash only" payment status.

**WATER/SEWER RATES (FY 2010-2011) EFF. 7/1/2010**

Residential Water/Sewer base rate 0-2000 gallons; \$54.33  
Usage over 2000 gallons billed at \$7.50 per 1000 gal.

**Hours of Operation**

Monday through Friday, except holidays  
8:00 a.m. - 5:00 p.m.

Telephone: 919-575-4068

Website: www.sgwasa.org

**After hours/emergency telephone numbers:**

**690-0444 690-0445 690-4777**

<u>Bill Date</u>	<u>Pay by 5:00pm on this date to avoid late fee</u>	<u>Pay by 5:00pm on this date to avoid cutoff</u>
01/25/10	02/05/10	03/15/10
02/25/10	03/05/10	04/12/10
03/25/10	04/05/10	05/12/10
04/25/10	05/05/10	06/14/10
05/25/10	06/07/10	07/12/10
06/25/10	07/06/10	08/16/10
07/25/10	08/05/10	09/13/10
08/25/10	09/07/10	10/12/10
09/25/10	10/05/10	11/15/10
10/25/10	11/05/10	12/13/10
11/25/10	12/06/10	01/12/11
12/25/10	01/05/11	02/14/11

*These dates are subject to change.  
Please refer to the front of your bill for actual dates.*

**THERE ARE FOUR WAYS TO PAY YOUR BILL:**

- In person at Cashier's Office between 8:00 a.m. — 5:00 p.m.  
Monday through Friday, except holidays.
- Mail to:  
South Granville Water and Sewer Authority  
211 West C Street  
Butner, NC 27509
- Bank draft
- Blue drop box located in parking lot

**Please include payment stub and/or account number on check or money order to insure proper credit to the account. When paying at the office, please bring entire bill with you.**

**Due to increased regulation, we cannot discuss account information with anyone except the customer whose name appears on the account. If someone else will be paying your bill (including a spouse, family member, roommate, etc.) always send the bill/stub. We cannot discuss any information with anyone other than the customer unless they have been previously authorized by completing the SGWASA form.**

If you have a problem or question in regard to your bill, contact our office at 575-4068 during regular business hours.

Providing your social security number is voluntary. Your social security number will be used to facilitate the collection of your water and sewer bill if you do not pay the bill voluntarily. Using it will allow SGWASA to claim payment of an unpaid water and sewer bill from any State income tax refund or state lottery proceeds that might otherwise be owed to you. It will also be used when necessary to assist with identity verification when changing, closing, or inquiring about your account.