

**SOUTH GRANVILLE WATER AND SEWER AUTHORITY**

revised 07/01/18 bb

**Service Application**

phone 919-575-3367  
fax 919-575-4547

<b>Office Use Only:</b>	
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:** \_\_\_\_\_

SS# will be used for collection of outstanding debt to SGWASA

**Name:** \_\_\_\_\_ **SS#** \_\_\_\_\_  
(Account Holder) **DOB** \_\_\_\_\_  
**DL: State** \_\_\_\_\_ **#:** \_\_\_\_\_

**Spouse/other:** \_\_\_\_\_ **SS#** \_\_\_\_\_  
(Account Holder) **DOB** \_\_\_\_\_  
**DL: State** \_\_\_\_\_ **#:** \_\_\_\_\_

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

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

Ownership:  Own  Rent Landlord name: \_\_\_\_\_

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

**Telephone #: Primary:** \_\_\_\_\_ **Cell?**  yes  no  
**Secondary:** \_\_\_\_\_ **Cell?**  yes  no  
**Email:** \_\_\_\_\_  
**Emergency Call System #:** \_\_\_\_\_ If cell  voice  text

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

<i>If others allowed to inquire about your account, list names/info below:</i>	
Name _____	SS# <u>XXX-XX-</u> _____ DOB _____
Name _____	SS# <u>XXX-XX-</u> _____ DOB _____
<i>If acct is in business name, check the type and list the owner/contact information below:</i>	
Type of business:	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> LLC operating as _____ <input type="checkbox"/> Other
Name _____	SS# _____ phone# _____
<i>IT IS THE CUSTOMER'S RESPONSIBILITY TO INSURE THAT FAUCETS, COMMODOES, 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.</i>	
<b>Signature</b> _____	

**Notary Public Certification**

State of \_\_\_\_\_ County of \_\_\_\_\_  
I, \_\_\_\_\_, a notary public for said State and County,  
Do hereby certify that \_\_\_\_\_  
personally appeared before me this date and acknowledged  
the due execution of this form.

Witness my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Signature of Notary** \_\_\_\_\_

My commission expires \_\_\_\_\_

**WATER/SEWER RATES (FY 2019-2020) EFF 7/1/2019**

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

- Service Application Form
- Social Security Card (or other approved 2<sup>nd</sup> ID)  
**If no SS# provided deposit will be higher (see below)**
- Driver's License (or other approved photo ID)
- Copy of lease if renting
- Deposit (cash or money order / see below)

**Request to connect or disconnect after 3:00pm will be the next business day. No applications taken after 4:00pm.**

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.

**DEPOSIT \$300** if no Social Security number is provided.

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. SGWASA is not required to pay interest on any deposits.

**BILLING**

Customer bills 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 represents usage for November).

**FAILURE TO RECEIVE BILL IN THE MAIL DOES NOT EXCUSE RESPONSIBILITY FOR TIMELY PAYMENT OR PREVENT SERVICE DISCONNECTION. IF YOU LEAVE OR MOVE-OUT WITHOUT NOTIFYING SGWASA YOU ARE RESPONSIBLE FOR PAYMENT OF SERVICE UNTIL YOUR ACCOUNT IS CLOSED.**

**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.

**WATER CUTOFF ADMINISTRATION FEE \$50.00**

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 \$50 administrative fee (non-payment 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, non-payment fee and all arrears must be paid in full.

No reconnection promised after 3:00 pm.

**REQUEST FOR REREAD AND MULTIPLE TRIPS FEE \$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. After 2 trips to connect water the customer will be charged \$15 per trip.

**TAMPERING FEE \$100.00**

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 RE-INSTALLATION FEE \$100.00**

**RETURNED CHECK / DRAFT FEE \$25.00**

A returned check or draft 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/draft initiates a 3 year "cash only" payment status. If a check returns from the bank that was given to prevent disconnection, your services will be turned off on the day we receive the check back from the bank.

**SERVICE TRANSFER FEE \$25.00**

**Residential** Water/Sewer base rate 0-2000 gallons; \$80.24 Usage over 2000 gallons billed at \$16.91 per 1000 gal.

**Hours of Operation**

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

Telephone: 919-575-3367

Website: www.sgwasa.org

**After hours/emergency telephone numbers:**

**(919) 690-0444 (919) 690-0445 (919) 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>
04/25/19	05/06/19	06/12/19
05/25/19	06/05/19	07/15/19
06/25/19	07/05/19	08/12/19
07/25/19	08/05/19	09/16/19
08/25/19	09/05/19	10/15/19
09/25/19	10/07/19	11/12/19
10/25/19	11/05/19	12/16/19
11/25/19	12/05/19	01/13/20
12/25/19	01/06/20	02/12/20
01/25/20	02/05/20	03/16/20
02/25/20	03/05/20	04/13/20
03/25/20	04/06/20	05/12/20

*These dates are subject to change.*

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

- In person at Administrative Office between 8:00 a.m.—5:00 p.m. Monday through Friday, except holidays. We accept cash, check, cashier check, Visa, Master Card, Debit Card, and money order in the office. **NO STARTER / COUNTER CHECKS ACCEPTED**
- *Mail to:* South Granville Water and Sewer Authority 415 Central Ave, STE B Butner, NC 27509-1915
- Bank draft (contact our office for details)
- Drop box located in parking lot (do not put cash in drop box)
- Online using debit or credit card

**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 proper SGWASA form.**

If you have a problem or question regarding your bill, please contact our office at 575-3367 during regular business hours.