



Georgetown Municipal Water and Sewer Service

Deposit Amount: _____

Work Order No.: _____

Deposit Number: _____

Account No.: _____

Date of Deposit: _____

Effective Date: _____

Application for Commercial Customers

Name: _____ Type of Business: _____

Address to Be Served: _____

City: _____ State: _____ Zip: _____

Transfer Deposit From: _____

Federal ID #: _____ State ID # _____

Business Owners Name: _____ Phone: _____

Company Contact Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I am requesting garbage service with the City of Georgetown (circle one) YES or NO

I, _____, hereby agree to be responsible for any bills incurred for the service location above, while in my name.

Signature

Attention Delinquent Commercial Customer:

Failure to pay the bill on or before the service disconnection date will result in payment of a deposit equal to 45 days of service.