



Commercial Service Application

City of Springfield

130 S. Laurel Street
PO Box 1
Springfield, GA 31329
(912) 754-7617

Requested Service Connection Date: _____

Business Name: _____ Tax ID#: _____

Service Address: _____

Mailing Address (If different from above): _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Business Owner Name & Phone: _____

Accounts Payable Contact: _____ Phone (If different from office) _____

Email: _____ Preferred Method of Contact: Phone Email

Do you Own or Rent the business location? _____ Renters must provide a copy of their signed lease/rental agreement.
Service will not be connected if this is not provided.

I understand by completing this application for service that my business is the responsible party for the bills. I also understand that failure to receive a bill does not excuse non-payment and if my business account becomes two months behind the service will be disconnected and payment of everything owed plus a \$50 administrative fee will be required to have the service reconnected.

Applicant's Signature

Date

FOR OFFICE USE ONLY

ID Verification:

Driver's License/ID No.: _____ Issuing State: _____ Date of Birth: _____

Services Provided

- Water
- Sewer
- Garbage/Recycling

Deposit Information

Amount Paid \$ _____ Date Paid: _____
Payment Type: Cash Check _____ Credit _____
Deposit Transferred: Account# _____ Amount: _____

Clerk's Signature: _____

Meter ID: _____

New Account Number Assigned: _____

Beginning Reading: _____