





P. O. Box 1099 or **10 West Williams St.** Winder, Georgia 30680 • 770-307-3502 • FAX 770-307-3835

COMMERCIAL REQUEST FOR SERVICE

Please check service and provide all applicable information.

Commercial Evalua	ation Fee Existing Septic Sys	em \$300.00		
Priority \$375.00 _	Copy/fax \$5.00	Signature Fee \$	25.00	
Request Purpose				
Requesting Person Name		P	Phone #	
Email Address				
Property Owners Name Phone #		hone #		
Owners Name when septi	c system installed			
Property Address				
Name of Business/Institut	on			
Business Model (Office, R	estaurant, Convenience Stor	e, etc.)		
Gallons Per Day	Number of Employees _	Square	e footage	
If existing septic system e	valuation, please check reaso	on for request:		
Business License				
Building Addition/Mo	dification			
Other – Please des	cribe in detail			
NOTICE: Proof that septic to	anks have been pumped out wit	nin the last 5 years	result in a delay for your request. must be provided by the applicant or all Purchases, Loan Closings	
	REFUNDS WILL BE GIVEN AF		or all Futchases, Loan Closings	
APPLICANT SIGNATURI	=			
	DEPARTMENT	USE ONLY		
Amount Paid \$		Received By		
		Date:		