

**JOINT MUNICIPAL WATER & SEWER
COMMISSION**

Name: _____ Select One: Owner Renter

Service Start Date: _____

Service Address: _____

_____ City: _____ State: _____ Zip Code: _____

Mailing Address if Different than Above: _____

_____ City: _____ State: _____ Zip Code: _____

Driver's License# _____ Soc. Sec. Number or Tax ID: _____

Home #: _____ Work #: _____ Mobile#: _____

Email: _____ Select Type Bill Notification: Paper Email Notification

Spouse's Name: _____

Spouse's DL Number: _____ Spouse's SSN: _____

I acknowledge that this application entitles me to one (1) new service per residential and/ or commercial unit, and that I am not allowed to connect multiple units to one residential and/or commercial meter.

Also, by signing this application for water and/or sewer service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The Joint Municipal Water and Sewer Commission has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If Joint Municipal Water and Sewer Commission chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant agrees to pay all fees and costs incurred through the set off process, including fees charged by the Department of Revenue, the South Carolina Association of Counties, the Municipal Association of South Carolina, and/or the Joint Municipal Water and Sewer Commission. If Joint Municipal Water and Sewer Commission chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.

I understand that there is a Deposit due at the time of application, and it is my responsibility to contact Customer Service at (803)359-8373 to pay the deposit before service will be started. I authorize the Joint Municipal Water & Sewer Commission to put the service in my name, and understand that there will be a one-time setup fee of \$25.00 charged to my first bill.

I acknowledge that I have read, understand, and agree to be bound by all terms and conditions of this Agreement.

Customer Signature

Date

Office Use Only

_____ Deposit Level _____ Account # _____ Work Order#

_____ Verified Driver's License and/or SS Card _____ Notified of Final Bill Transfer

Completed by: _____ Date: _____