# SERVICE APPLICATION

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| **Have you had service previously? YES** [ ]  **NO** [ ]  |
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| **Is this a rental or leased property? YES** [ ]  **NO** [ ]  **Copy of Rental or Lease Agreement Required**  |
|  |
| **If yes. Who is the Owner of the property?** Click here to enter text. |
|  |
| **Is this a new service? YES** [ ]  **NO** [ ]  |
|  |
| **Service Location in What Town?** Choose an item. |
|  **Last Name First Name Middle** Click here to enter text.Click here to enter text.Click here to enter text. |
|  |
| **Mailing Address:** Click here to enter text. |
|  |
| **Service Address:** Click here to enter text. |
|  |
| **Telephone Number:** Click here to enter text. |
|  |
| **Cell Phone Number:** Click here to enter text. |
|  |
| **Email Address:** Click here to enter text. |
|  |
| **Driver License Number:** Click here to enter text.**State of Issue:** Click here to enter text. |
|  |
| **Social Security Number:** Click here to enter text. |
| *I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION AND THE SUPPLEMENTAL SERVICE INFORMATION IS TRUE AND CORRECT:* **Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| The following information is required by the Federal Government in order to monitor our compliance with Federal laws prohibiting discrimination. This information is used only for monitoring and statistical purposes. You are not required to furnish this information, but are encouraged to do so. If you do not furnish ethnicity, race, or sex, under federal regulations, this company is required to note the information on the basis of visual observation or surname. **“This is an Equal Opportunity Program”** **I do not wish to furnish this information.**[ ] **Sex: Female** [ ]  **Male** [ ] **Ethnicity:** **Hispanic or Latino** [ ]  **Not Hispanic or Latino** [ ] **Race:** **American Indian or Native Alaskan** [ ]  **Asian** [ ]  **Black/African American** [ ] **Native Hawaiian or Other Pacific Islander** [ ]  **White** [ ]  **Other** [ ]  |
|  |

# OFFICE USE ONLY

# Supplemental Service Information

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| **Service Location in What Town? Brunson  Gifford  Hampton  Varnville  Yemassee**  |
| **What Type of Garbage Service is Required? Residential  Commercial** **What Type Garbage Bin is Required? Roll Cart  Dumpster Bin** **How Many Roll Carts Requested? \_\_\_\_\_\_\_\_\_\_\_ What Size Dumpster Bin? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Day of Pick Up Is: Monday  Tuesday  Wednesday  Thursday  Friday**  |
|  |
| **Number of People in Household? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |
| **Type of Occupancy/ Use:**  |
|  |
| **Single Family Residential  Multi-Family Residential  Office / Commercial** **Industrial  Institutional  Cleaning  Construction**  |

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|  **Application Fee Charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |
|  **Tap Fee Charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |
|  **Sewer Impact Fee Charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
|  |
|  **Total Charges Due $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |

**CUSTOMER AGREEMENT/SERVICE CONTRACT ADDENDUM**

By signing this application for water, wastewater, garbage, solid waste, fire, DHEC, and police protection services, the applicant agrees to pay all cost of collection of the applicant’s unpaid bills. The Lowcountry Regional Water System 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 Lowcountry Regional Water System 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 setoff process, including fees charged by the Department of Revenue, the Municipal Association of South Carolina, and/or the Lowcountry Regional Water System. If Lowcountry Regional Water System 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.

Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_