Lowcountry Regional Water System

513 Elm St West Hampton, SC 29924

Phone: 803-943-1006

SERVICE APPLICATION			
Have you had service previously? YES [] NO []			
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?			
First Name Last Name			
Is this a new service? YES [] NO []			
Service Location in What Town? Brunson[] Gifford[] Hampton[]			
Varnville [] Yemassee[]			
Last Name First Name Middle			
Mailing Address:			
911 Physical Address:			
Telephone Number: ()			
Cell Phone Number: ()			
Email Address:			
Driver License Number:State of Issue:			
Driver License Number:State of Issue:			
Social Security Number:			
I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION AND THE SUPPLEMENTAL SERVICE			
INFORMATION IS TRUE AND CORRECT:			
Signature of Applicants			
Signature of Applicant: OFFICE USE ONLY			
Was Picture ID Verified? YES [] NO [] BY:			
Was Copy of Rental or Lease Agreement Verified? YES [] NO [] BY:			
Application Fee Charge \$			
Tap Fee Charge \$			
Sewer Impact Fee Charge \$			
Total Charges Due \$			

Supplemental Service Information

Last Name	First Name	Middle		
Service Address:				
Service Address				
Service Location in What Town	n? Brunson[] Giffor Varnville []			
What Type of Garbage Service is Required? Residential [] Commercial []				
What Type Garbage Bin is Required? Roll Cart [] Dumpster Bin []				
How Many Roll Carts Requeste	ed?			
What Size Dumpster Bin?				
Day of Garbage Pickup Verified By: From Town Employee				
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 []		
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"				
	^a This is an Equal Opportun			
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 Pacif	Native Hawaiian or Other Pacific Islander [] White [] Other []			

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.