# Town of Summerton

Post Office Box 279
10 Main Street
Summerton, SC 29148
PH: 803-485-2525
FX: 803-485-2914

✓ CONNECT SERVICE ____ DISCONNECT SERVICE

RESIDENTIAL___
COMMERCIAL___

DATE ON_____ DATE OFF_____

NAME: _____ EMAIL: _____

PHONE NUMBER: _____ CELL/WORK NUMBER: _____

SERVICE ADDRESS: _____

SOCIAL SECURITY #: _____ LICENSE #: _____ STATE: _____

MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

(***IF DISCONNECTING WE WILL NEED A FORWARDING ADDRESS)

FORWARD MAILING ADDRESS: _____ CITY/STATE/ZIP: _____

**CUSTOMER AGREEMENT / SERVICE CONTRACT ADDENDUM**

**By signing this application for water/sewer/garbage services, the applicant agrees to pay a monthly rate / minimum charge (whether the minimum of water is used or not) as may be established by the Town of Summerton in accordance with its ordinances. The undersigned also agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Summerton Public Works Department 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 the Town of Summerton Public Works Department 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 South Carolina Association of Counties, the Municipal Association of South Carolina, and/or the Town of Summerton Utility Department. If the Town of Summerton Public Works Department 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 the water and/or sewer connection fee is non-refundable.* I further understand that should I move, I will be responsible for notifying the Town of Summerton Utility Department promptly. Otherwise, I shall be responsible for further bills at the above address until notification. I UNDERSTAND I MAY NOT RECEIVE MY FINAL BILL FOR THIS ACCOUNT UNTIL THE NEXT MONTH'S BILLING CYCLE DUE TO THE UTILITY BILLING SCHEDULE.

_____ **(INITIALS)**

_____ _____

**Signature** **Date**

*******************************OFFICE USE ONLY*******************************

DATE: _____ WORK ORDER#: _____ READING ON: _____ READING OFF: _____

METER #_____ CHARGE CODE: _____ LAST OWNER: _____ RENTAL PROPERTY: Y / N

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