



Town of Summerton

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

CONNECTING SERVICE

DISCONNECTING SERVICE

TRANSFER SERVICE

DATE TO CONNECT: _____

DATE TO DISCONNECT: _____

DATE TO TRANSFER: _____

****ALONG WITH THIS FORM A \$75.00 (NON-REFUNDABLE) CONNECTION FEE IS DUE BEFORE SERVICE CAN BE ESTABLISHED**

***** YOU ARE RESPONSIBLE FOR ANY PAST DUE AMOUNT ON YOUR ACCOUNT. TO RECONNECT OR TRANSFER SERVICE YOUR ACCOUNT BALANCE MUST BE PAID IN FULL.**

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)**

(YOU WILL RECEIVE A FINAL BILL FOR YOUR SERVICE USED UNTIL THIS FORM IS SIGNED AND SUBMITTED FOR DISCONNECTION)

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

**PREVIOUS 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 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: _____ WO#: _____ READING ON: _____ DATE: _____ WO#: _____ READING OFF: _____

ACCT# _____ METER # _____ SERIAL #: _____ CHARGE: _____

GARBAGE: Y / N (#) _____ LAST OWNER: _____ RENTAL PROPERTY: Y / N

AMT PAID _____ DESCRIPTION: _____ DATE POSTED: _____ INITIALS: _____

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.
 Ethnicity: Hispanic or Latino Not Hispanic or Latino Race: American Indian or Alaska Native Asian Black/African American
 Sex: Female or Male Native Hawaiian or Other Pacific Islander White