



# Town of Summerton

Post Office Box 217  
10 Main Street  
Summerton, SC 29148  
PH: 803-485-2525  
FX: 803-485-2914

## CONNECT SERVICE REQUEST

COMMERCIAL\_\_\_\_  
RESIDENTIAL\_\_\_\_

DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_

SERVICE ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

TURN ON WATER (DATE): \_\_\_\_\_ METER #: \_\_\_\_\_

**\*\*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.**

Signature

Date

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

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ INITIALS: \_\_\_\_\_ READING: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\*\*\*\*\*

AMOUNT PAID: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_ CASHIER'S INITIALS: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

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