

Clarendon County Water & Sewer Department 411 Sunset Drive, Manning, SC 29102 803-433-3255

New Account Application

Today's Date		Own	er Renter	
Name		SS# _.		
Service Address		DL#	DL# Date of Birth	
		Date		
City		Phor	ne #	
State	Zip	Emai	il	
applicant's unpa Act, to collect ar and Sewer Depa all fees and cos Association of C Clarendon Count to pay the costs The undersigned the water meter or its agents for a	id bills. Clarendon County Water by sum due and owed by the apprendent chooses to pursue debts ts incurred through the Set-Off Counties, the Municipal Associa ty Water & Sewer Department of and fees associated with the sel- all agrees to keep the area around . If installed or grown within the access to the water meter. ty reserves the right at any time	r and Sewer Department has plicant through offset of the sowed by the applicant this owed by the applicant this for Debt process, including fation of South Carolina, and choose to pursue debts in a lected manner as well. If the water lines and water e area, they will be trimmed e, without notice, to interru	ination, the applicant agrees to pay all costs of collectic as the right, pursuant to the South Carolina Set-Off Debt Cone applicant's State Income Tax refund. If Clarendon Count rough the Set-Off Debt Collection Act, the applicant agrefees charged by the Department of Revenue, the South ad/or the Clarendon County Water & Sewer Department a manner other then Set-Off Debt Collection, the applical meter free of large trees or shrubs which would impede a dor removed by the owner as necessary on request of the cupt water, sewer, or irrigation service for maintenance, respectively.	Collection onty Water es to pay carolina it. Should ont agrees access to e County
			o Clarendon County for damages resulting therefrom.	
	_		from any part of the Clarendon County Water and Sewe or an in-service meter that has no outstanding charges for	
he/she desires to	•	ninated. Clarendon County \	ortment, in person or in writing, with proper identification Water and Sewer Department shall be permitted five (5) on tinue service.	
1		agree to be responsible fo	or the water, sewer and/or irrigation bill at the above addr	ess until
	Print Name ounty Water and Sewer Departn	nent receives a signed disco	onnect request from me to close out the account.	
			Signature	
discriminatio but are enco	n. This information is used only four only four only four only four only for its in the contract of the contra	or monitoring and statistical nish ethnicity, race, or sex, u	to monitor our compliance with Federal Laws prohibiting purposes. You are not required to furnish this information, under Federal regulations, Clarendon County Water and Sew ervation or surname. "This is an Equal Opportunity Program	ver
Sex: F	ispanic or Latino ot Hispanic or Latino Race Female Male	Race:	American Indian or Alaska Native Asian Black/African American Native American or Pacific Islander White	
	I do n	not wish to furnish this info	rmation	

FOR OFFICE USE ONLY:

Today's Date	Book Account
Billing Code: WASW FHM	Application Fee
Irrigation	Meter #
Cut On Date	Cut On Reading
Completed By	Entered By